death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

7292

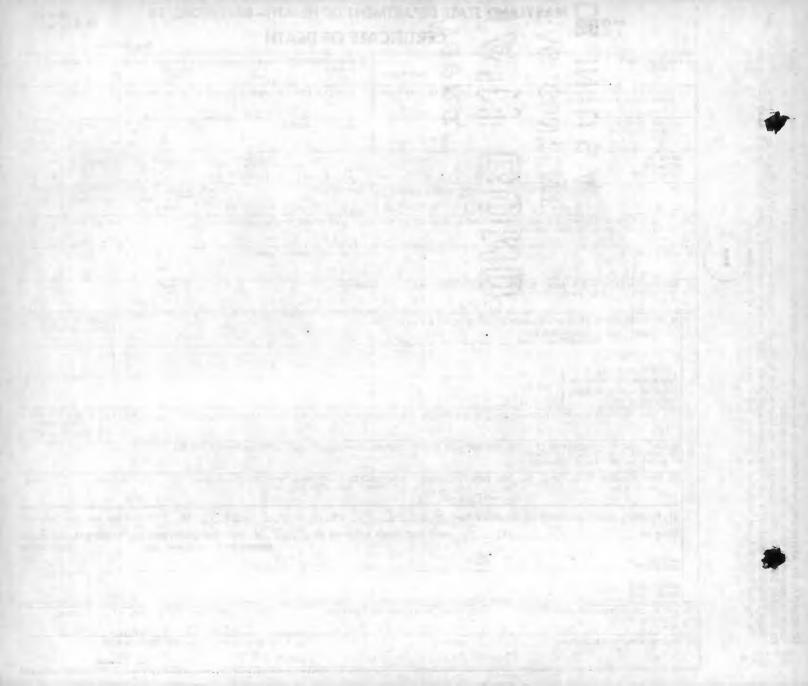
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8 17222 Reg. Dist. No.

| D. CITY OR TOWN II outside corporate limits, write and control of STAY IN 16 In STAN AND CONTROL II outside corporate limits, write RURAL and give necestal found) A HALCERS VILLE MID STAY IN 16 C. CITY OR TOWN II outside corporate limits, write RURAL and give necestal found) A HALCERS VILLE MID STAY IN 16 C. CITY OR TOWN III outside corporate limits, write RURAL and give necestal found) A HALCERS VILLE MID STAY IN 16 C. CITY OR TOWN III outside corporate limits, write RURAL and give necestal found) A HALCERS VILLE MID STAY IN 16 C. CITY OR TOWN III outside corporate limits, write RURAL and give necestal found) A HALCERS VILLE MID STAY IN 16 C. CITY OR TOWN III outside corporate limits, write RURAL and give necestal found) A STAY IN 16 C. STAY | M) | 1. | PLACE OF DEATH O. COUNTY MARYLAN | o. STATE | | f. If institution: Residence before admit b. COUNTY | ission) |
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| d. STREET ADDRESS OR INSTITUTION ALAN ST. ST. ANAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ALAN ST. First Middle Lost OR NATA NOTIFICATION ALAN ST. ANAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ALAN ST. First Middle Lost OR ADATE DOWN TES. NOTIFICATE OR INDUSTRY PART I. DEATH WAS CAUSED BY. I.S. ARRIED OR BUSINESS OR INDUSTRY II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. II.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (Inc. SOCIAL SECURITY NO. IT. III.S. WAS DECEASED EVER IN U. S. ARRIED FORCESS (In | | | RURAL and give nearest town) | C. CITY OR | LOWN (If outside corporate I | mits, write RURAL and give nearest for | wn) |
| OR INSTITUTION | | | | | | MD. | |
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| MALE NHTE WIDOWED DIVERTED TERMINAL DISEASE CONDITION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPUACE (Stole or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPUACE (Stole or foreign country) 11a. MOTHER'S MAIDEN NAME 11b. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASEDED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11c. WAS DECEASED FOR IN U. S. ARMED FORCES. 10c. 10c. 10c. 10c. 10c. 10c. 10c. 10c | | - | VIII TAVID | | N DEATH | UNE - 25. | 1959 |
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| OUTING TOOL WORKING THE EVEN IT TELEFORM TO HAN ALBIN | | L | | LENKUAK | v-6-1877 8 | 2 ms. 4 19 | s Min. |
| 13. FATHER'S NAME 14. MOTHER'S MADE NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? II.6. SOCIAL SECURITY NO. IT. INFORMANT 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? II.6. SOCIAL SECURITY NO. IT. INFORMANT 16. CAUSE OF DEATH [Enter only one course per line for Jo], (b), and (c). If year, gins wor or date of service) 18. CAUSE OF DEATH [Enter only one course per line, for Jo], (b), and (c). INTERVAL BETWIN ONSET AND DECEASED IN IMMEDIATE CAUSE (b). INTERVAL BETWIN ONSET AND DECEASED IN IMMEDIATE CAUSE (c). INTERVAL BETWIN ONSET AND DECEASED IN IMMEDIATE CAUS | 4 | 10 | a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IT during most of working life, even if relied) | NOUSTRY 11. BIRTHP | ACE (Slote or foreign country | 12. CITIZEN OF WHA | T COUNTRY |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. of unknown] [If yes, give wor or dote of service) 219-20-4726 [MRS. C HARLOTT IS ALBIN ROTHRERS VILLIS [Interval Betwin Onset and Delivery Conditions, if only, which gove rise to immediate couse [o], stoling the under local couse [o], stoling the under couse [o], stoling the under local couse | 2 | 13 | FATHER'S NAME | 14. MOTHER'S | MAIDEN NAME | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. of unknown] [If yes, give wor or dote of service) 219-20-4726 [MRS. C HARLOTT IS ALBIN ROTHRERS VILLIS [Interval Betwin Onset and Delivery Conditions, if only, which gove rise to immediate couse [o], stoling the under local couse [o], stoling the under couse [o], stoling the under local couse | 9 - | | COHN M. ALBIN | FI | 17 A BETH | STEDHEV | |
| 18. CAUSE OF DEATH [Enter only one cause per line for [q], (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause [b]. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTTOUR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED (Inter nature of injury in Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (OF INJURY (Home, Iarm, 120f. (City or town)) (County) (County) (County) While Not while of work of work of work of work of work of work) | not | | | 17. INFORMANT | | Address | |
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| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO | Ē | - | | 10100 01117 | 1/1 /12/11 | 71-11-2 | |
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| 1 197 I partife that I attached the discount from SPTE A A A 10 | | Z | p, m. 17 of work of work | * | | | |
| alive on 19 , and that death occurred at 3 M. from the couses and on the date stated to ADDRESS (Sweet, city or town, state) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE | | | 21. I certify that I attended the deceased from 111111 | 194 5 | to the M | , 1950 that I last saw the | decease |
| ACTUAL SIGNATURE ON THE ADDRESS (Sweet, city or town, stote) DATE | | П | alive on 1957, and that de | ath occurred at | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| SIGNATURE WWW. MD SUCCESSOR CITY | 2 | | antile. | - 1 | | | DATE SIGNE |
| | , b | | SIGNATURE OF A SIGNATURE | M.D | 10012000 | 0 6/ | 26/5 |
| PHYSICIAN'S CI-11/1 1 1/03 | 2 | | BLYCOCIANIS (1/1/1 1/6) | | | 17- 1 | |
| NAME (Type) U, WI J-LUG M | 5 0 | | | | | 14 | |
| PHYSICIAN'S C. W. J L. L. Q. Y. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) | 0 | 220 | | Y OR CREMATORY | 22d. LOCATION | City, town, or county) (Sto | ole) |
| BURIAL LUNE-27-1959 BMNSBORD CEMETERY BOONSBORD WASH, CO.MID. | 2 | - | | CEME | 10 | 120 | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | The state of the s | /- |
| Date D. Bash. BOOMS BOILD MD. DATEUN 29'59 ariling & House | 4) 57 | 1 | Moder D. Bad. BOOMSBORD M. | D. | DATEUN 2 9 '59 | arthur & Krays | |

VS A15 (4) 15M 10/57



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

After this certificate has been signed by the attending physician and campletely filled in by: Funeral director, hed for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with rial, cremation, ar remayal, and in any event within 72 hours, ther death.

may be retained by the haspital or arrenamy processing by the a TO FUNERAL DIM TOR: After this certificate has been signed by the a page 3 shauld extelnated for use as the burial-transit permit. Then the registrar prior to burial, cremation, or remaval, and in any event

TO HOSPITAL OR

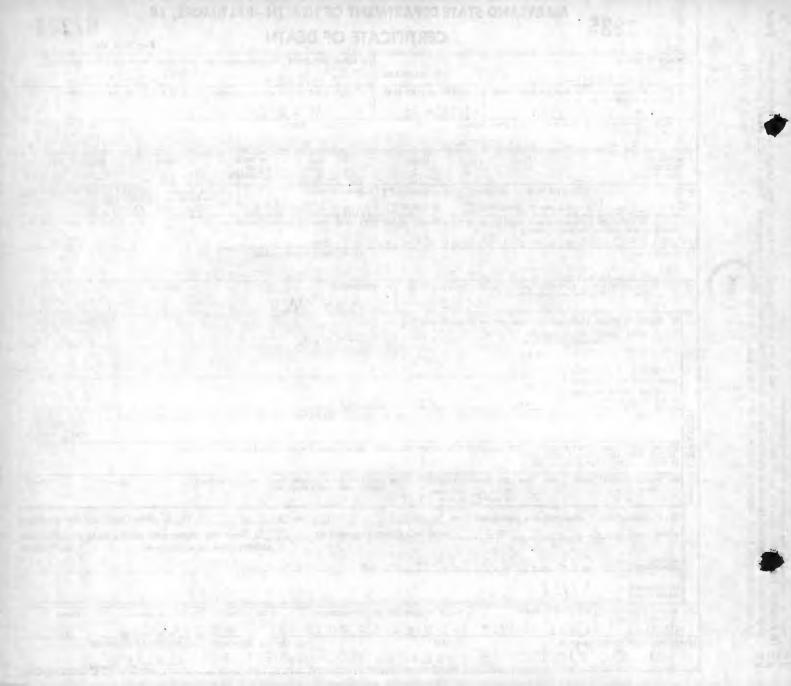
VS A15 (4) 15M 10/57 7235

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07224

| - | | | | | | | | 175 | | | |
|---------------|---|--|-------------|---|--------------------------------------|----------------|------------------|---------------------------------|---------------|------------|---------------------|
| | PLACE OF DEATH | HNGTON | | MARYLAN | o. STATE | FIRW L | | lived. If institution b. COUNTY | n: Residence | | |
| | b. CITY OR TOWN (I | f outside corporate limits | , write | c. LENGTH OF STAY IN I | | | | ote limits, write R | | | |
| | RURAL and give no | RSTOVYN | | 10 DAUS | X | KEE | DVSI | /ILLE | | | |
| | | AL (If not in hospital, gi | ve street o | ddress) | , d. STREET | ADDRESS | 1 | 1 | | | RESIDENCE |
| | WASH | . Co. Ho | SPI | TAL | N | MIAIN | ST | 1 | | | NO ST |
| 3. | NAME OF DECEASED | First | | Middle | l | Losi | 4. DATE | Mon | th. | Doy | Year |
| | (Type or print) | A | | CRACE | BAI | KER | DEATH | JUNE | - 17 | | 19 59 |
| 5. 9 | SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED | 8. DATE OF BIR | RTH | 9 | AGE (In years last birthday) | Months D | | - |
| 17 | EMALE | WHITE | WIDOWE | DIVORCED [| MAV- | 21-1 | 885 | 7 Lf yrs. | Months D | oys Hou | rs Min. |
| 10a | . USUAL OCCUPATIO | N (Give kind of work ding life, even if retired) | one 10b. K | CIND OF BUSINESS OR IN | IDUSTRY 11. BIRTH | PLACE (Stole | or foreign cou | intry) | 12. CITIZ | EN OF WH | AT COUNTRY? |
| R | ETIREO | TEACHER | D | UBLIC SCHO | OL KE | to Dus | VILLE | WASH | CALA | VID. V | 4.2 |
| 13. | FATHER'S NAME | | | No. of the second | | S'S MAIDEN I | | | | 1101.4" | 3.77 |
| | BENLER | T WING | Ba | AKER | | EVA | | 1 - 0 17 | | | |
| | WAS DECEASED EVE | IN U. S. ARMED FORCE | ES? 16. 5 | | 7. INFORMANT | - 1 - | | Add | ress | | |
| IYe. | no. or unknown) | if yes, give wor or dates of ser | | NONE | ROBERT | Wy | LAND | KEE | DYSVI | LLE | N10. |
| | | TH [Enter only one cou TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) | se per line | e for (a). (b), and, (c).] | gacolo | n | | | | | BETWEEN ND BEATH |
| | 350 × Canditions, if a | DUE TO | | A-t- 1 | - 6 | M | | | | 109 | coche |
| | gave rise to it | mmediate (DUSTO | - | 2 (1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | C C 63 X | 25-6-7 | | | | 10 | market and an an |
| | cause (a), stating the last. | ne under- | 15 | askrais | MIN- | _ | | | | 190 | LLAR |
| Z | | J (c) | ITIONS CO | ONTRIBUTING TO DEATH | BUT NOT BELATED | TO THE TERM | INIAI DISEASE | CONDITION ON | ENI INI DADTI | (-) 10 144 | C AUTORCY |
| CERTIFICATION | | | THORS CO | ONTRIBUTINO TO DEATH | OUT NOT KEENED | TO THE TERM | INAL DISEASE | CONDITION GIV | EN IN PART | PER | FORMED? |
| | 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OCCU | RRED. (Enter nature | e of injury in | Part 1 ar Part i | If of item 18.) | | | |
| MEDICAL | 20c. TIME OF INJUR Haur a. m. p. m. | Y Manth, Day, Year 19 | While | UURY OCCURRED 20e Not while at work | PLACE OF INJURY factory, street, off | | | ar town) | (Co | unty) | (Stote) |
| | 21. I certify th | at I attended the | decease | d fram (Kall) | 7 195 | 1. to 1/2 | ree 1 | 1956 | that (la | st saw th | e deceased |
| | alive and | 0 6 | 194 | Z and that de | oth accurred a | 2/19 | M. from | the causes o | | | |
| | V | Willed | IA | 0,0 | | | | set, city or town, | | | DATE SIGNED |
| | ACTUAL SIGNATURE | - WW ROLL | 11111 | M.W | мв | 1130 | male | 134 | | | 6/8/53 |
| | | 4 . 1 . | 11/ | | | | | 10 | | | -4-24 |
| | PHYSICIAN'S NAME (Type) | G-Wihel | au | | | | / | 1ac | | | |
| 220 | BURIAL CREMATION | N, 22b. DATE THEREOF | | 22c. NAME OF CEMETER | Y OR CREMATORY | | 228. LOCATIO | ON (City, Iown, o | r county) | 15 | tate) |
| 1 | REMOVAL (Specify) | JUNE IN | 1959 | TAIRMEN | CEME | VAST | Ke | | 116615 | M | D. |
| 23. | FUNERAL DIRECTOR" | SIGNATURE | | ADDRESS | | 1 | D 8Y REGISTR | | TRAR'S SIGN | ATURE | |
| - | Julia V. | Voast | 13 | DOONSBORD | MD. | DATEJU | N 1 1 '59 | | hus 8 4 | | |
| | | | | | | | | | | | |



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7234

CERTIFICATE OF DEATH

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| | | | 30 | 2 | |

| 1, PI | LACE OF DEATH COUNTY | hington | | MARYLAND | 2. USUAL RESID o. STATE | ENCE (Where | | & COUNTY . | Residence befor | | |
|-------|--|---|---|-------------------------------|----------------------------|-------------------------------|---------------------|-------------------------------|----------------------------|---------------------------------------|-------|
| ь | | (If outside corporate limits learest town) | | OF STAY IN 15 | | own (If outside gersto) | | mits, write RURA | L and give nec | rest town) | 2 |
| | OR INSTITUTION | nvalescent | | | d. STREET A | | | reet | | e. IS RESIDENC ON A FARM YES NO | 2 |
| D | IAME OF PECEASED Type or print) | AMANDA | | Middle E. | BAK | | DATE OF DEATH | June | 14 | y Yeor 1959 |) |
| 5. SE | Female | | 7. MARRIED NET | /ER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH | | 1.869 9. AC | | UNDER 1 YEAR onths Doys | IF UNDER 24 H Hours Mir | |
| - | USUAL OCCUPATI during most of wor | ON (Give kind of work di king life, even if retired) | one 10b. KIND OF 8 | USINESS OR INDU | | | - | sylvaná | | ·A · | ITRY? |
| 13. F | Josh | a Mc Clure | | | 14. MOTHER'S | MAIDEN NAM | E | | | | - |
| (Yes, | MAS DECEASED EV no, or unknown) | ER IN U. S. ARMED FORC (If yes, give wor or dates of tor | | | res Isado | ra Mc (| Clure | Address East Gr | eenwich | , Comm. | |
| 06 | 20a. ACCIDENT W | the under- (c). HER SIGNIFICANT COND | OTTOMS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION OF THE PROPERTY | | | | | | IN PART I(o) | 9. WAS AUTOP PERFORMER? YES NO | ,5Y |
| | 20c. TIME OF INJU Hour o. m. p. m. | | 20d. INJURY OCC While Not wo | hile fac | ACE OF INJURY (H | iome, form, 2 bldg., etc.) | tof. (City or lo | wn) | (County) | (Sto | ole) |
| | 21. I certify to alive an actual signature Physician's NAME (Type) | hot differed the | | and that death | occurred at | | | causes and city or lown, stat | on the do | the december stated ab | ave. |
| 220. | BURIAL CREMATIC REMOVAL Specify Burial | 6/17/195 | 22c. NAN S9 Ros | e Hill | emetery | | LOCATION I | City, town, or co | | (Stote) | 1 |
| | uneral director uter - Ro | uzer Funera | 1. Home H | ess a gerstown | 2.0 | 240. REC'D BY | REGISTRAR | | ar's signatul | | |

ALL MARKS IN THE FROM THE STREET STREET Just all many that the limit to the land grade at land of the land roof, if meaned to the affect of the short and a few of the state of the s The Ballion Control of the Section o

V5 A15 (4) 1SM 10/57

7236 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

8 17225 Reg. Dist. No. 302

| - | | | | | | | | | | | | | |
|---------------|--|--|--------------------|---------------------------------|----------|----------------------------|---------------------------|------------------------|--|------------|-----------|-----------|------------------|
| T | PLACE OF DEATH 6. COUNTY Wa. | shington | | MARYL | - 11 | 2. USUAL RESII o. STATE | Maryl | | d lived. If institut b. COUNTY | | nce befo | | sion) |
| | b. CITY OR TOWN (I RURAL and give no | f outsido corporate limi carest town) | ls, write | c. LENGTH OF STAY IN | V 15 | e. CITY OR 1 | | | rate limits, write f | URAL ond | give ne | arest fow | n) |
| - | Hagerstow | | | 7 days | | 03 | - | rstown | | | | | |
| | OR INSTITUTION | n County Ho | | | | 18 ELI | | h Str | eet | | | | FARM2 |
| 3 | NAME OF DECEASED (Type or print) | CORA | n fe | MAY Middle | | BAKER | t | 4. DATE OF DEATH | June | ilh | 13 | | Yeor 19 59 |
| 5 | . SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED | 8. | DATE OF BIRTI | Н | | 9. AGE (In years | | RIYEAR | IF UND | ER 24 HRS. |
| | Female | White | WIDOWE | DIVORCED | | October | 5, 1 | 900 | lost birthdoy) 58 yrs. | Months | Doys | Hours | Min, |
| 16 | during most of worl | king life, even if retired | done 10b. I | CIND OF BUSINESS OR | INDUST | 1 | | _ | Maryland | | TIZEN C | | COUNTRY |
| 1 | . FATHER'S NAME | illiam Pat | ton | | | 14. MOTHER'S | | Mard | | | | | |
| 13 | | R IN U. S. ARMED FOR | | OCIAL SECURITY NO. | 17. IN | ORMANT | | | Add | ress | _ | | |
| 1 | no | (If yes, give wor or doles of s | ervice | none | Do | nald Ba | ker | H | agerstow | n, Ma | ryla | and | |
| | | TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o | P | e for (a), (b), and (c).] | | | | | | | | ERVAL BE | |
| | 153,0 Conditions, if o | | Ru | pture of | - u | lauti | rel | esim | of cree | in | - 2 | Da | se |
| | gove rise to i couse (o), stolling lying couse lost. | the <u>under-</u> DUE TO | | Carrenon | m. | of ca | w | ~ | 0 | | 6 | mi | mile |
| CERTIFICATION | PART II. OD | JER SIGNIFICANT CON | End | ONTRIBUTING TO DEAT | H BUT N | OT RELATED TO | THE TERMI | NAL DISEAS | CONDITION GIVE | EN IN PA | RT 1(o) 1 | PERFC | AUTOPSY RMED? |
| | | S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OCC | CURRED. | (Enter noture o | f injury in I | Port I or Part | II of item 18.) | | | | |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Manth, Doy, Yea | While | URY OCCURRED Not while of work | Oe. PLAC | E OF INJURY (I | Home, form bldg., etc. | 20f. (City | or town) | | [County] | | (Stote) |
| | 21. I certify the alive on | at I attended the | decease _, 19_5 | -3 // | | , 19.57 accurred at | 4:404 | | the causes of the cause of | and an I | | te state | |
| | PHYSICIAN'S NAME (Type) | JOHN | D. | TURCO | | H | age | ester | wyn | nd | 1 | | |
| L | Burial (Specify) | 6/15/19 | 59 | 22c. NAME OF CEMET | | | | Hanco | ION (City, town, | or county) | | Mar. | yland |
| 1 X | FUNERAL DIRECTOR | zer runera | 1 How | e Hagerstow | m, l | Md. | 240. REC'I | N 1 6 '5 | | STRAR'S SI | | | |

THE REPORT OF THE PARTY OF THE Actual size, and the last the 3560 Section 1 to the section of the sect THE AMERICAN and a second of the later and THE WALL STREET TO STREET TOTAL - THE

07226 7293 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-fown) RUBALJand give nearest tox P d. NAME OF JOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO I 3. NAME OF First Middle Lost 4. DATE Manth Dan Year DECEASED (Type or print) ala DEATH 19 8. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years tost birthdoy) 5. SEX DATE OF IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours WIDOWED K DIVORCED T popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ging most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underpuo lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(G) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work Mile 16, 1957, that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred 4 M, fram the causes and on the date stated above. ADDRESS (Street Lity or town, stote) ACTUAL PHYSICIAN'S NAME (Type FUNER (7) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATEJUL 8 VS A15 (4) 15M 9/55 Cirthung & House

O HOSPITAL

may

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The Contract of Contract Magae stend level & torch 328/ 414/26 Retented She Edward Co arterial delecores 11 cont 11 = 2 / Court 16 : 24 men David M-Brewer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) ISM II/55

| MARYLAND | STATE | DEPARTMENT | OF HEALT | H-BALTIMORE, | 18 |
|----------|-------|------------|----------|--------------|----|
| | | | | | |

7238 CERTIFICATE OF DEATH

1)7228 Reg. Dist. No.

| 1 PLACE OF DEATH 0. COUNTY | Washingt | on | MARYLA | CNV | 2 USUAL RESIDENCE (Who o. STATE Md . | ere decepsed | lived If institution b. COUNTY | | s before od | mission) | | |
|--|---|--------------------|-----------------------------|-------|--|-------------------------|---|------------|-----------------|------------------------|--|--|
| b. CITY OR TOWN (I RURAL and give of Hager st | f outside corporate limi carest town) COWIL | ts, write | 5 months | | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cavetown | | | | | | | |
| d NAME OF HOSPIT OR INSTITUTION Wartin | At (If not in hospital, g Manor Nu | ive street rsin | g Home | | d STREET ADDRESS | | | | O | RESIDENCE N A FARM? | | |
| 3 NAME OF DECEASED (Type or print) | Emma | s† | Middle | | Beard | 4. DATE OF DEATH | Ju | ne 29 | 9 Doy | Yeor 59 | | |
| s. sex female | 6. COLOR OR RACE white | 7. MARR | NEVER MARRIED DIVORCED | | Dec. 15, 18 | 67 | 9. AGE (In years lost birthday) 91 yrs. | | Doys Ho | NDER 24 HPS. | | |
| 10a. USUAL OCCUPATION during most of work housev | DN (Give kind of work ing life, even if retired VLT C | done 10b. | KIND OF BUSINESS OR | INDUS | TRY 11 BIRTHPLACE (Stote of Frederic | - | ** | 12. CITI | ZEN OF WI | IAT COUNTRY? | | |
| 13. FATHER'S NAME | unknow | n | | | 14. MOTHER'S MAIDEN NA | | ary Cli | ne | | | | |
| 15. WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16 | SOCIAL SECURITY NO. | | oy D. Newma | n, Si | Addi m i thsbu | | //d. | | | |
| Conditions, if a gave rise to it couse (a), slating lying couse lost PART II. OTH 20a. ACCIDENT WA | n mediate the under (c) IER SIGNIFICANT CON S UNDERLYING [] IC AUSE OF DEATH |) G DITIONS C | - lober | | LICENSONS INJURY IN P. | NAL DISEASE | CONDITION GIV | EN IN PART | PE | AS AUTOPSY RFORMED? | | |
| TO (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m. | MEDICAL EXAMINER) | While | NJURY OCCURRED 26 k at wark | | CE OF INJURY (Hame, form, lary, street, office bldg., etc.) | | er town) | (C | ounty) | (State) | | |
| actual SIGNATURE | at 1 attended the | Lu . | 159, and that d | leath | occurred at 6 25 | M, fram LDDRESS (Str | the causes a | nd on th | | | | |
| PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO | | | to 111 M. I | | Hagersto | | larylan | | | | | |
| REMOVAL EPICTY) | 7-2-59 | , | Smithsbu | | | | thsburg | | | State) | | |
| 23. FUNERAL DIRECTOR' SCOTT F. | | & So | n, Smiths | bur | g, Md. DATEJUL | BY REGISTI 6 159 | | TRAR'S SIG | NATURE Trans | | | |



| 1 | | | | M | ARYLA | AND | STATE DEPAI | STME | NT OF HEALTI | I—BA | LTIMORE, | 18 | | Ut a D | 43 |
|--|--------------|---------|---|----------------------|--------------------------------|------------------|---------------------------|----------|---|-----------------------|----------------------------------|--------------|------------------|---------------------|----------------|
| 4 02 | | | 79 | 239 | | | CERTII | ICA | TE OF DEATI | ł | | Re | į ig. Dist. N | 1722 | 9 |
| Per directo | | 1. F | COUNTY | Washin | gton | | MARYL | | 2. USUAL RESIDENCE (WI | nere decea | ed lived If institution b. COUN | ution ITY | Frank | lore odmissi lin | on) |
| be f | | ŀ | . CITY OR TOWN (I | f outside corpo | arate limits, | write | c. LENGTH OF STAY I | ч 1ь | c. CITY OR TOWN (IF | outside con | porale limits, writ | e RURA | L and give n | earest town) | V |
| 1 P | | | Hager | stown | | | 7 Days | | | te Ric | ige Summ | it | 7. | | |
| å å | | 4 | OR INSTITUTION | TAL (If not in h | ospital, give | e street a | oddress) | | d. STREET ADDRESS | | | | | e IS REST | DENCE FARM? |
| T Pu | - | | | ngton (| | y Hos | | | | | | | | YES 🗌 | NO 🏋 |
| filled i | | - (| IAME OF DECEASED Type or print) | | First | | Middle Baker | | Bernhart | 4. DATE OF DEAT | н Ј | | 1. | 1 | 9 59 |
| P 0 | | 5. 5 | EX | 6. COLOR C | | | ED NEVER MARRIE | | DATE OF BIRTH | | 9. AGE (In year lost birthday | rs IF I | onths Days | R IF UNDER | R 24 HRS |
| ers. | | 10. | Male | Whi | 00 | VIDOWE | | | Jan. 23, 18 | 392 | 07 7 | rs. | | | |
| Pope ath. | 1 | IVa | antitud most of moti | ting lire, even | if relifed) | 1 | | INDUST | RY 11. BIRTHPLACE (Stote | | | | 12. CITIZEN | | COUNTRY |
| b and | . <i>)</i> } | _F | etired D | epartm | ent of | f [Hi | ghway | | Lewisbu | | 8 | | U. | S.A. | |
| - 25 | / | 13. | | ** D | | 1. | | | | | | | | | |
| ysic ove ove | - | 15. | Uharle WAS DECEASEDEVE | RINH S AR | | | SOCIAL SECURITY NO. | 17 INF | Lena Bal | cer. | | ddress | | | |
| g physicia remove co | | | no or unknown) | (If yes, give wor o | or dotes of serve | +cu] | 3-12-8660A | | s. Carolyn l | Romh | | | idae S | immi t. | Pa. |
| ndin 1986 1986 | - | | NO LAUSE OF DEA | TH [Enler on | ly one cour | | e for (o), (b), and (c).] | 1 T.T.T | S. Garoryii i |) GI III I | art, Dro | | | TERVAL BET | |
| with with | | | | TH WAS CAU | | 05 | Traina de | 1 | Heartx | 1 | - 40 | | Öi | ISET AND | DEATH |
| the far | - 1 | | 420.0 | IMMEDIATE | DUE TO | سال | Cours Car | J-UL L | 14-6-4-7 | JROL | -44 | | | 0 4 | 720 |
| , , , , , , , , , , , , , , , , , , , | | | Conditions, if o | nv. which) | 4.1 | | | | | | | | | - | , |
| er a | | | gove rise to i couse (o), stoting | m mediote (| DUE TO | | | | | | | - | | | |
| sit p nd i | | | lying couse lost. | THE OHOM- | (c) | | | | | | | | | | |
| sicii beer tran | | Ñ | PART II. OTH | ER SIGNIFICA | ANT CONDI | TIONS CO | ONTRIBUTING TO DEA | Н ВПТИ | OL RELATED TO THE TERM | NAL DISE | SE CONDITION | GIVEN | IN PART 1(o) | 19. WAS A | UTOPSY |
| phy riol- move | , | S | Circlera | | time | | ر لاسب | 11 | white m | 124 | tus | / | | YES 🗌 | |
| fricate the bu | - 1 | | 200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYIN CAUSE OF | IG [] 20 F DEATH IMINER) | Ob. DESC | RIBE HOW INJURYOC | CURRED | (Enter nature of injury in | Port I or P | ort II of item 18.) | | | | |
| r at cert stign | | MEDICAL | 20c. TIME OF INJUR Hour o. m. | Y Month, I | Doy, Year | 20d. IN While | UURY OCCURRED Not while | Oe. PLAC | E OF INJURY (Home, form ry, street, office bldg., etc. | , 20f. (C | ily or town) | | (County | 1 | (Slote) |
| this r us | | ME | p. m. | | 19 | ot work | ot work | | | | | | | | |
| frer frer of for the free of the free | - 1 | | 21. I certify th | at I attend | led the d | lec e ase | d from 4-1 | 0 | 19. 4.7 , to | Ž | L=, 195 | 19.11 | nat I last : | saw the a | decease |
| Sche by | | | alive on 6 _ | -1 | | , 19.5 | 7_, and that | leath a | occurred at 1.1.5 | PM, fro | am the cause: | ond | on the d | ate state | d abave |
| 5 de 10 de 1 | | | ACTUAL > | 01 | | 111 | 1.00 | | - | ADDRESS | (Street, city or tov | vn, stoh | e) | | TE SIGNE |
| rior s | | | SIGNATURE | all | ~ | | · will | А. | · 998 | Pot | mae. | 4 | los | 6: | -7.2 |
| RAL C should stror p | / | | PHYSICIAN'S NAME (Type) | ALT | - g ^ | 1 | 4. Welt | 4 | Hage | क दे | russ 2 | щ | | | *** |
| oy be age 3 s e regis | | 220. | BURIAL, CREMATIO REMOVAL (Specify) | N, 22b. DATE | E THEREOF | | 22c. NAME OF CENT | | CREMATORY | | ATION IC ly, tow | | | (Slote | |
| e o g t | - 1. | 22 | Burial UNERAL D RECTOR | 6/4 | /59 | | Lewisbu | rg | | | wisburg | ~ | | | |
| VS A15 (4) | ľ | 7 | 110 Ch | 9/ | U | - | 11 Contract | / | | D BY REGI | | | R'S SIGNATI | | |
| 15M 10/57 | F | L | Variable of the same | 1 | 1100 | 7 | Muyn | 11 | STO JA DATE JI | JN 4 | 59 (| وأمامارني | 8. Th | augit . | |
| | | | | 7 | | | | | | | | | | | |



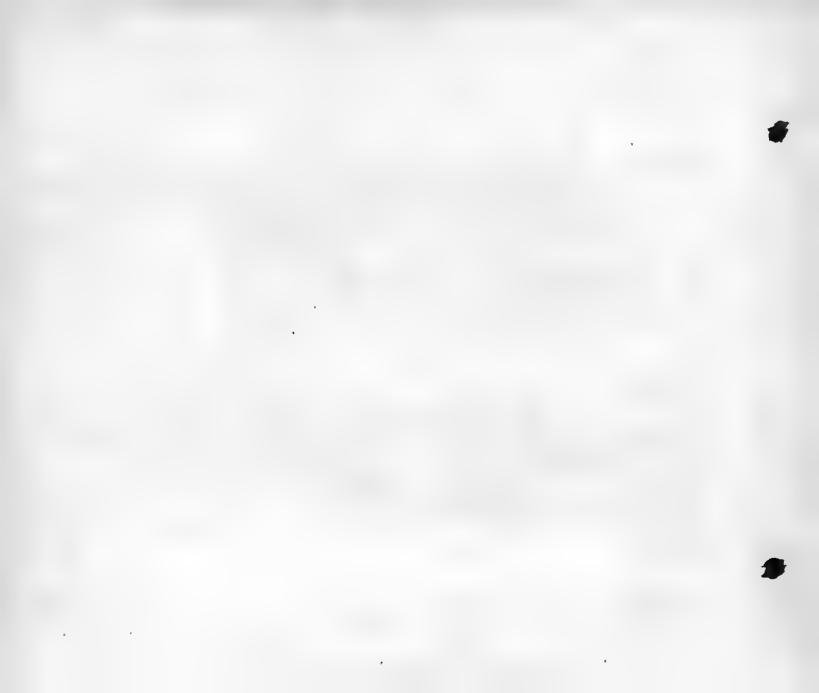
Page 4 re funeral director, 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL TOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 shault etached for use as the burial-transit permit. Then please remove carbon pages. Peres I and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR

VS ATS (4) 15M 9/S5

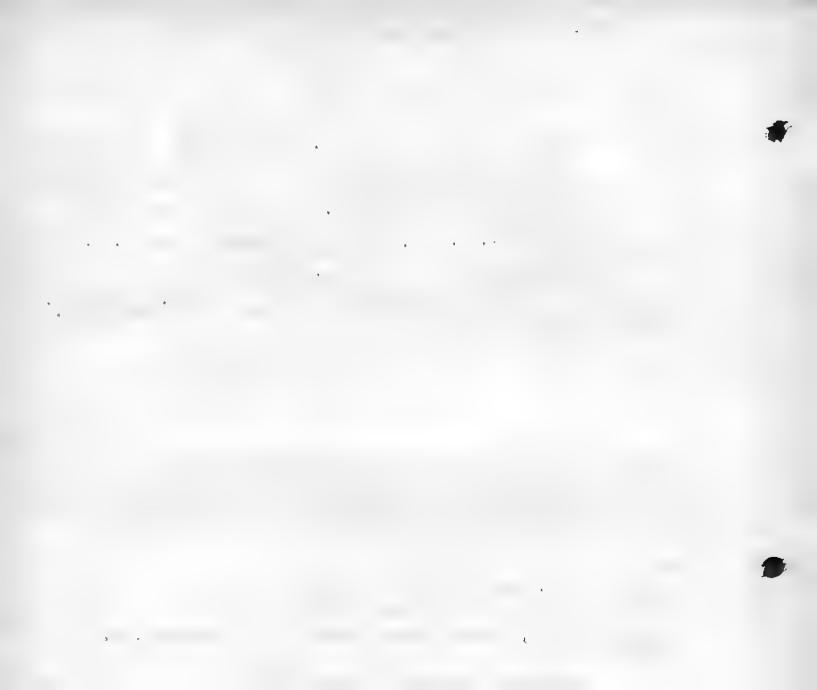
| | | MAKTI | LAND | SIAIE DEPART | MEIAI OL L | IEALIN | -DATIIM | OKE, I | 9 | 17230 | |
|---------------|---|--|-------------|----------------------------|------------------------|----------------|------------------------|----------------|------------------|---|------------|
| | 72 | 40 | | CERTIFIC | ATE OF | DEATH | 1 | | Reg. Dist. N | 302 | |
| 1. | PLACE OF DEATH | ton | | MARYLAND | o, STATE | | ere deceosed lived | If institution | n Residence be | | |
| - | | GOTI If outside corporate limi | in write | c. LENGTH OF STAY IN 16 | | land | PE B. B. I | ingto | ON. | pagest town) | |
| | RURAL and give no | earest town) | | | | | | 81 | ICAL GIIO GIVE I | ediesi iowij | |
| - | Hager | S COWN [AL (If not in hospital, s | for about | 7 Wks | d. STREET A | | stown R | # 3 | | I de necipiales | |
| | OR INSTITUTION | County Ho | | | / | Road | 1 | | | e. IS RESIDENCE ON A FARMA YES NO | * |
| 3. | NAME OF DECEASED (Type or print) | MARGA | | MYRTLE | BLOOM | it. | 4. DATE OF DEATH | Month June | | Day Yeor | |
| 5 | SEX | 6. COLOR OR RACE | 7. MARR | HEREN NEVER MARRIED | 8 DATE OF BIRT | н | | | FUNDER FYE | AR IF UNDER 24 H | |
| | Female | White | WIDOWE | DIVORCED | Feby | 23 18 | 389 " | 70 yrs. | Months Doy | Hours Min | 1, |
| 100 | . USUAL OCCUPATIO | ON (Give kind of work | done 10b. | KIND OF BUSINESS OR IND | | | | Md. | 12. CITIZEN | OF WHAT COUN | TRY? |
| | Secrets | king life, aven if retired בידים דיינד | | Retired | Bres | theds | ville V | | Cb | UBA | |
| 13. | FATHER'S NAME | 4-3 | | regitted | 14. MOTHER'S | | | . Chorr | <u> </u> | | |
| | Geo | orge Moat | 9 | | S | usan | Fitch | | | | |
| 15. | | | CES? 16. | SOCIAL SECURITY NO. 17. | INFORMANT | | | Addre | 11 | | |
| | No | | | M | di ton R | Blo | om Hage | erstor | vn Md. | R # 3 | |
| | 18. CAUSE OF DEA | ATH [Enter only one co | ouse per li | ne for (o), (b), and (c) } | H | ebb F | load / | | 111 | TERVAL BETWEEN | 4 |
| | PART I. DEA | TH WAS CAUSED BY: | , J | witure | 1) Terr | This | of Lina | Clan | 42, 0 | MIL OF 3- 5 | 7 |
| | 104,0 | | | | / | . / | | | . 7 | | 7 |
| | Conditions, if o | mar sublah X | (1) | Time on the | 114 | 16 ms | 2 St 1 | sea | / | | |
| | gove rise to i | mmadiote (Due To | | Market Planeter | ma 1 | VV | | | | | |
| | couse (o), stoting lying couse lost. | the under- | 7/1 | merulyed | artini | 1-12 | chrose | <u>_</u> | | | |
| Z O | PART II. OTI | HER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEATH B | UT NOT RELATED TO | THE TERMI | NAL DISEASE CON | DITION GIVE | N IN PART I(o) | 19. WAS AUTOPS | SY |
| E S | A 455105415 144 | | 1000 | so agua | | F | | 4 | | YES NO | <u>J</u> |
| CERTIFICATION | OR CONTRIBUTING | AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER) | 200, DES | CRISE HOW INJUSTY OCCUR | KED. (Enter noture of | or injury in r | by al | nem ra.) | | | |
| | 20c, TIME OF INJUR | | or 20d II | NJURY OCCURRED 20e | PLACE OF INJURY | Home, form | 20f. (City or to) | wn) | (Count | y) (Sto | ole) |
| MEDICAL | /O Hour o.m. | april > 3 103 | | Not while | foctory, street, offic | e bldg., etc | | | wag | | 1 |
| | 21. I certify th | nat I attended the | deceas | ed from (spul / | | | | | - | saw the dece | |
| | alive on | -e-10 | , 1953 | , and that dea | th occurred at | 6'59/A | M, from the | couses or | nd on the o | late stated ab | ove |
| | ACTUAL SIGNATURE | July | m | wester | M.D | Mal | ADDRESS (Street, o | 777 | lole) L | DATE SIG | SNED 59 |
| | PHYSICIAN'S NAME (Type) | SIDME | 4 | MOVEN | STEIN | | | | | | |
| 22 | BURIAL CREMATIC | N, 226. DATE THERE | OF T | 22c NAME OF CEMETERY | OR CREMATORY | | 228 LOCATION | City, town, or | county) | (Stole) | |
| L | Burial | 6/12/59 | 9 | Luthern Ce | meterv | Ba | kersvil | le Wa | sh. C | o Md | |
| 23. | FUNERAL DIRECTOR | 'S SIGNATURE | | ADDRESS | | | 8Y REGISTRAR | | RAR'S SIGNA | | |
| | Andrew F | . Coffma: | n Ha | gerstown Md | | DATE . | 1 5 '59 אנ | a | Dun 8 to | rassa | |

DATE JUN 1 5 '59

Andrew K. Coffman Hagerstown Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution Residence before admission) a. COUNTY · STATE Maryland Washington Health, b. COUNTY Washington MARYLAND b, CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporale I mits, write RURAL and give nearest town) Williamsport Williamsport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospila), give street address) d STREET ADDRESS e IS RES DENCE ON A FARM tomac River 24 W. Potomac Street YES NO 60 Middle DECEASED (Type or print) Franklin DEATH Bowman June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9. AGE |in years IF UNDER LYEAR Hours Male White Sept. WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 31. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Pabnter Gov. Lurray Birginia U. S. A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Bowman Mary Putter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Potomac. 6991Bertha Mae Bowman permit. amsport Md. 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Suffocation by drowning IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? None NO IZ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part 1 or Part II of item 18) Drowned when boat upset while fishing 20d INJURY OCCURRED | 20e PLACE OF INJURY (home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Slote) foctory, street, office bldg , etc.) Md Williamsport. Wash of work of work 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry . and in my apinion death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner . Koket Wells DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [S. Robert Wells, M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BUR AL CREMATION. 22d LOCATION (City, town, or county) REMOVAL (Specify) June 8.19 Greenlawn Cemetery 0 Williamsport. 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR ATSME Cirilian S. Krous DATELIN



death.

requires that the death certificate be executed within 24 haurs

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| MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|----------|------------------|----------------------|----|
| 7295 | CERTIFICATE | OF DEATH | |

CERTIF

07233

| CLCATE | OF DEATH | *1 | 440 |
|--------|----------|----------------|-----|
| FICATE | OF DEATH | Reg. Dist. No. | 302 |
| | | | |

| -F | . PLACE OF DEATH o COUNTY | | | | | 2 USUAL RESIDENCE (V | Where deceased | | Residence be | efore odr | n ssion) |
|-----------|--|---|-------------|----------------------------|-----------|---|---------------------------|----------------------|--------------|-----------|----------------------|
| λ | | ngton | | MARYL | AND | Marvlan | d | b COUNTY | Washi | Ingi | on |
| | b. CITY OR TOWN (F RURAL and give nea | outside corporale limi | ts, write | e LENGTH OF STAY II | N 16 | c. CITY OR TOWN (II | | te limits, write RUF | | | |
| _ | Hagersto | wn. R #3 | | 24 yı | 18 | X Hagerato | own. R | #3 | | | |
| П | d NAME OF HOSPITA OR INSTITUTION | L (If not in hospital, g | ive street | oddress) | | d STREET ADDRESS | | | | e. IS I | RESIDENCE A FARM? |
| | | burg Pike | 2 | | | Sharpsh | ourg Pi | ke | | | □ NO 🏝 |
| 3 | NAME OF DECEASED | For | \$1 | Middle | | Last | 4. DATE OF | Month | | Day | Year |
| L | (Type or print) | Susan | | Ullum | | Brill | DEATH | June | 28 | 3 | 19 59 |
| ŀ | i. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIE | | DATE OF BIRTH | 9 | AGE (In years | FUNDER LYE | | |
| L | Female | White | WIDOW | Sund | | Nov. 21. | 1867 | 91 70. | Months Day: | s Hau | n Mn |
| T | 0a USUAL OCCUPATIO | N (Give kind of work in no life, even if relired) | done 10b. | KIND OF BUSINESS OR | INDUS | RY 11. BIRTHPLACE (Stat | le ar fareign cou | ntry) | 12 CITIZEN | OF WH | AT COUNTRY? |
| | House | | | Own Home | е | Minera | 1 6th. | . W. Va | U. | S. A. | |
| -11 | 3 FATHER S NAME | | | | | 14. MOTHER'S MAIDEN | | | | | |
| | John | n P. Ullu | ım | | | Susan | Ward | | | | |
| | 5. WAS DECEASED EVER | IN U. S ARMED FOR I yes, give wor or dates of s | CES? 16 | SOCIAL SECURITY NO. | 17 IN | FORMANT | | Addres | | | |
| | | | | | | Lewis R | . Bril | 1,R. #3 | Hage | rst | own, Md |
| | 18 CAUSE OF DEAT | H [Enter only one co | use per lin | ne for (a), (b), and (c)-] | | | | | 111 | NTERYAL | BETWEEN |
| | PART I. DEAT | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) | | | | | | | | NU DEATH | |
| | 1422.1 | DUE TO | | \sim . | A | / / | - 6 | , | | | |
| 1 | Conditions, if on | y, which) | . (| archiv, | /// | ecular | Aus | energy. | < | 6 | Lean |
| ı | gave rise to im | | / | | | | | | | 1 | |
| ı | lying couse last. | le <u>under-</u> | , | | | | | | | | |
| | PART II. OTH | | | ONTRIBUTING TO DEA | TH BUT N | OT RELATED TO THE TER | MINAL DISEASE | CONDITION GIVEN | IN PART No | 19. W/ | AS AUTOPSY |
| | Š | | | | | | | | | | FORMED? |
| | PART II. OTH | UNDERLYING DEATH | 20b. DESC | CRIBE HOW INJURY OC | CURRED | (Enter nature of injury in | n Part I or Part I | I of item 18.) | | | |
| | | Month, Day, Yes | - ((| LUIS OCCURSON 1 | 20- DI 4- | CC OC MINION (I) | 100/ 100 | | | | |
| | 20c TIME OF INJURY Hour a. m. | • | While | Nat while | fact | CE OF INJURY (Home, for ary, street, affice bldg., e | rm, i zor (City e Rc.) | r town) | (Count | у) | (State) |
| | p. m | 19 | of war | k at work | | | | | | | |
| | 21. I certify the | at I attended the | decease | ed from 🥰 💳 | /_ | - , 105 7, to 1 | 6 - 10 | 1937 | that I last | saw th | ne deceased |
| | alive on C | 27-57 | , 19 | , and that o | death | accurred at 🚅 🦯 | M, fram | the causes an | d on the d | late st | ated above. |
| | | A 50% | 20 | X | | -/ | ADDRESS (Stre | el city or lown, ste | ate)- | | DATE SIGNED |
| | ACTUAL SIGNATURE | 1.100 | 1 | 102 | м | D. 1 | rus | low | My | | 6/ |
| | PHYSICIAN'S | - E1115 | 77 . | 0. | | - // | | / | | | P 7/50 |
| L | NAME (Type) | NE WA | 111 | OR | | THE | und | orn | Must | | |
| 2 | 20. BURIAL, CREMATION REMOVAL (Specify) | , 22b. DATE THEREO | F | 22c. NAME OF CEME | TERY OR | CREMATORY | 22d. LOCATIO | ON (City, town, or | county | (5 | lote) |
| | Burial | 6/30/19 | 959 | Lutheran | Ge | meterv | Bakers | ville. | Wash (| 11:37 | Ma |
| 2 | 3. FUNERAL DIRECTOR'S | | | ADDRESS | | 24a. REG | C'D BY REGISTRA | AR 24b. REGISTI | RAR'S SIGNAT | URE | , |
| | A. K. Cof | fman . Ha | gers | town, Md. | | DATE | JUL 6 '5 | and and | Lun & to | 10114 | |

VS A15 [4] 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07234 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) n. COUNTY **b.** COUNTY MARYLAND WASHINGTON MARULAND WASHINGTON XII b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) CREEK RURAL F.AVE 12 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 200 YES NO HAGERSTOWA ACEISTONY gug NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH CUNE 195 IN ILLI IS NA S SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED T 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Davs Hours WIDOWED P DIVORCED [papers. VILLE 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ABOKEP -REEK WASH CO. NID. U.C.A after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G 72 hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT MPS. WILBOR SWOPE HAGERSTOWN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Arterosclertic cardio vascular Cisa sp Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. Tuperculosi s-nul monary PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO IX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work p. m 10-29-5810 21. I certify that I attended the deceased from ... 19____that I last saw the deceased _____, and that deoth occurred at 3. A.M. from the causes and on the date stated abaye alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Smit. Sbur :. 200 NAME (Type) Charles F 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) Coling & Kraya JUN 8 159 DATE 1SM 10/57



7241

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

07235

| 6. COUNTY Washington MAR | O. STATE Maryland b. COUNTY Washington | | | | | | |
|---|--|--|--|--|--|--|--|
| b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 3 yea: | | | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) Washington County Hospital | d. STREET ADDRESS 647 W. Washington St. 6.15 RESIDENCE ON A FARM? YES NO IN | | | | | | |
| 3. NAME OF DECEASED (Type or print) Lewis Garfield | Charles 4. DATE Month Doy Year OF DEATH June 29 19 59 | | | | | | |
| 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR White WIDOWED DIVORCE DIVORCE NEVER MARRIED NEVER MARR | The state of the s | | | | | | |
| Drill Press Operator Machine | | | | | | | |
| Rudolph Charles | Mary Davis | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) If yes, give war or dates of service) 279–09–083 | | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 0 0 0 2 2 3 4 3 4 | Artery Thrombosis autobs | | | | | | |
| Conditions if any, which gave rise to immediate cause (a), stating the under-lying cause last. | Conditions if any, which gave rise to immediate cause (a), stating the under- | | | | | | |
| | EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO [] | | | | | | |
| OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | OCCURRED. (Enter nature of injury in Part I or Port II of item 18) | | | | | | |
| 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. Wh.le Not white at work at work at work at work | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bidg , etc.) | | | | | | |
| 21. I certify that I attended the deceased from 14716 alive on 14 28 28 1959, and that ACTUAL SIGNATURE HOLDER TECHNICAL 2 | 1957, to Hine 29, 1959 that I last saw the deceased at death occurred at 4 A M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 136 W. Washington St. | | | | | | |
| PHYSICIAN'S NAME (Type) George Jennings | Hagerstownn Md. | | | | | | |
| Burial 7-2-59 Ridge Hi | METERY OR CREMATORY ILL Mem Park Zed LOCATION (City, town, or county) Lorain Ohio (Stote) | | | | | | |
| Scott F. Minnich & Son Hagers Hagers | atown Md. 24d. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 6 159 Colling S. Krause | | | | | | |



VS A15 (4) 1SM 9/SB

| -010 | MARYLAND | STATE DEPARTMENT | OF HEALTH- | -BALTIMORE, | 18 |
|------|----------|------------------|------------|-------------|----|
| 7242 | | CERTIFICATE | OF DEATH | | |

07236

| | 1. PLACE OF DEATH COUNTY Washingt | on | MARYLAND | | ence (Where decease Maryland | | Carrol | |
|-----|--|--------------------------------|--|---|---------------------------------------|---------------------------------|-----------------|--|
| | b. CITY OR TOWN (If outs de corpor RURAL ond give negrest town) Hagerstown | rote limits, write | c. LENGTH OF STAY IN 15 3 WK9 | { | own (If outside corp alSyke | | RURAL ond give | nearest fown) |
| | d. NAME OF HOSPITAL (IF not in ho OF INSTITUTION Md. S Western Md. S | spital, give street tate Ho | oddress) Ospital | d. STREET AC | ct Road | | • | e IS RESIDENCE ON A FARM? YES NO E |
| | 3. NAME OF DECEASED (Type or print) ISAAC | First Z, | LdRIdgE C | OSTLEY | 4. DATE OF DEATH | JUNE | 29 | Day Year 1959 |
| | 5 SEX 6. COLOR OF | | HED NEVER MARRIED | B DATE OF BIRTH | es est ama | 9. AGE (in years lost bigthday) | Months Doy | AR IF UNDER 24 HRS |
| - 1 | male color | | | 5-19-1 | | 12 yrs | , | |
| | 10a. USUAL OCCUPATION (Give kind of during most of working life, even if Laborer | retired) | kind of Business or Indu general | 1 20 | CE (State or foreign : ryland | country) | U.S. | OF WHAT COUNTRY? |
| | 13. FATHER'S NAME | | _ | 14 MOTHER'S | | | | |
| | | L. Cost | | Mar | tha Dyk | es | | |
| 1 | 15 WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (If yes, give wor or | dates of service) | | NFORMANT | | Add | lress | |
| | no - | [2] | L5-14-1261 M | rs. Ada | F.Costl | ey, sa | ame | |
| | 1B. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUS IMMEDIATE C | ED BY | ne for (a), (b), and (c).] 20N Cli OPNE | MONIA | | | | NTERVAL BETWEEN INSET AND DEATH |
| | Conditions, if any, which gove rise to immediate | DUE TO | REGEAL VA. | SCNIAR | Accid | ENT | | 6 WEER |
| | couse (a), stating the <u>under-</u> (| (c) | | | | | | 120 |
| | 3 PELMONADY | EMBO | lus Pre/ | IONARY | 10/ARET | TON | YEN IN PART 1(d | PERFORMED? |
| | | | | | | | | |
| | 20c TIME OF INJURY Month, Di Hour a.m. p.m. | While | NJURY OCCURRED 20e. Pi Nat while k ot work | ACE OF INJURY (H clory, street, affice | fome, farm, 20f. (Cit bldg., etc.) | y ar town) | (Соип | ty) (Stote) |
| | 21. I certify that I attende | ed the deceas | ed fram JUNF 6 | 19.54 | , to SUNF à | 79 1951 | that I last s | aw the deceased |
| ı | alive an JUNE 29 | | | | | | | ate stated above |
| ١ | | + 0 | 0 , , , | 4.50 | ADDRESS (| Street, city or town, | stote) | DATE SIGNED |
| | SIGNATURE OWONES | 4 K. | X arregable | M.D. 150 | 0 /ENN13 | /UAIVIA | AVE | 6-30-19 |
| | PHYSICIAN'S FUAR | isto P | LADDIZAL | AL H | age pf7 | town 1 | 44. | |
| | 220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) | THEREOF | 22c. NAME OF CEMETERY C | R CREMATORY | 22d. LOC/ | KTION (City, town, | or county) | (Stote) |
| | BURIAL 7-3 | -1959 | White Roc | k | Car | roll Co | ., Md. | |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | TRIA | ADDRESS | | 24a. REC'D BY REG | | ISTRAR'S SIGNA | |
| | C. M. Waltz, | win: | field, Md. | | DATAUL 6 '5' | Clat | hug & the | U.A. |



07237 **CERTIFICATE OF DEATH** L'allyn Reg. Dist. No. filed with 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH o COUNTY o. STATE **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neafest town) b CITY OR TOWN (If outside corporate limits, write your 815K d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NO THE TR- WE 117 .5 4. DATE OF DEATH NAME OF 3 First Middle Last Yeor DECEASED completely filled Pages (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR'OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthday) Months Days Hours WIDOWED A DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND, OF BUSINESS OR INDUSTRY 11 EIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? ofter death. ngs) of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME within-72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 146 SOCIAL SECURITY NO INFORMANT Address the ottending please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) TADO-DATOSIS vrs. DUE TO any Canditions, if any, which ! gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? cystitis -- pyelitis YES NO K 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port It of item 18.) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Hour 0. m. While Not while of work Of work 21. I certify that I attended the deceased fram 1946 to June 14 ... 19.59, that I last saw the deceased . 19 159..., and that death occurred a 15A.M, from the causes and on the date stated above.

D. S. T. ADDRESS (Street, city or town, state)

DATE SIGNED olive on June 12 by the ACTUAL 100 Professional Arts Bldg. SIGNATURE PHYSICIAN'S FUNERAL Hagerstown Marvland William Layman NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMAT ON, 22c. NAME OF CEMETERY OR CREMATORY 22d EQEATION (City, town, or county) page REMOVAL (Specify) Ö FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR DATE JUN 1 8 '59 Cirthun & thouse VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



The same

X

uneral director, id be filed with

certificate has been signed by the attending physicial and completely filled in by each buriol-transit permit. Then please remove carbon papers. Pages 1 and 2

remayol,

remove carbon popers. 2 hour after death,

executed with n 24 hours after deoth. Page #

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

07238

| | | | | - " |
|-----|------|----|---|-----|
| Pan | Dist | No | 3 | 0 |

| | | <u> </u> | | | Reg. Dist. No. | | |
|---|--|---|--|---|---|--|--|
| . PLACE OF DEATH | | | 2. USUAL RESIDENCE (W | here deceased lived. If institution | : Residence before admission) | | |
| W. COOKIT | amhington | MARYLAND | Mary. | land b. COUNTY | Was hington | | |
| b. CITY OR TOWN (I | f outside corparole limits, wri | te c. LENGTH OF STAY IN 16 | c CITY OR TOWN (IF | outside corporate limits, write RUR | (AL and give nearest town) | | |
| Hagerstown | | | Hager | stown_ | | | |
| OR INSTITUTION | AL (If not in hospital, give sti | reet oddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | |
| 915 Mulbe | rry Ave. | | 915 Mulber | ry Ave. | YES NO | | |
| NAME OF DECEASED (Type or print) | DONALD First | RICHARD | DAILEY, JR | 4. DATE Month OF DEATH June | 22 Yeor 19 59 | | |
| . sex | and all don | NARRIED NEVER MARRIED | B. DATE OF BIRTH October 14, | A 10 TA | FUNDER LYEAR IF UNDER 24 HRS Months Days Hours Min | | |
| | ON (Give kind of work done ling life, even if retired) | 106. KIND OF BUSINESS OR INDU | ISTRY 11 BIRTHPLACE (Stote | or foreign country) | 12 CITIZEN OF WHAT COUNTR | | |
| none | and the state of | | Hagersto | wn, Maryland | U.S.A. | | |
| FATHER'S NAME | | | 14 MOTHER'S MAIDEN | NAME | | | |
| | ld R. Dailey, | | | Helen Nuna Kepha | art | | |
| Yes, no or unknown) | R IN U. S. ARMED FORCES? (If yes, give wor or doles of service) | | INFORMANT | Addres | | | |
| no | | none Do | onald R. Daile | ey, Sr. Hagerst | town, Maryland | | |
| 1B CAUSE OF DEA | INTERVAL BETWEEN ONSET AND DEATH Queens | | | | | | |
| 1/50 DIE TO | | | | | | | |
| Conditions, if o | Conditions, if any, which } BRONCHO PNEUMUNIA | | | | | | |
| gove rise to immediate couse (a), stating the unders lying couse (b). MUCOVISCIDOSIS | | | | | | | |
| lying couse lost. | BIRTH | | | | | | |
| PART II OTH | ER SIGNIFICANT CONDITION | NS CONTRIBUTING TO DEATH BU | NOT RELATED TO THE TERM | INAL DISEASE CONDITION GIVEN | N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? | | |
| PART II OTH | S LINDERLYING TE 206 | DESCRIBE HOW INJURY OCCURRI | El (Feter nature of injury in | Part Lor Part II of item 38 3 | YES NO | | |
| | S UNDERLYING 1 206. | TOTAL TIEST TOTAL GEORGE | (Ellier Holore or Hijory III | , | | | |
| 20c. TIME OF INJUR Hour o m p. m. | . wi | d INJURY OCCURRED 20e. Pl hita Not while work ot work | ACE OF INJURY (Home, form letery, street, office bldg , etc | n, 20f (City or town) | (County) (State) | | |
| 21. I certify that I attended the deceased from 12-20, 1954, to 6-22, 1959 that I lost saw the deceased | | | | | | | |
| alive an | | | | | | | |
| ADDRESS (Street, city or town, state) | | | | | | | |
| SIGNATURE 2. Playing Relling M.D. 314 N. Potomac St. 6-22 | | | | | | | |
| PHYSICIAN'S E. | Margaret Sullivan, | , M . D | | Hagerstown, Maryland | | | |
| 20. BURIAL CREMATIO | N. 226. DATE THEREOF | 22c. NAME OF CEMETERY C | OR CREMATORY | 22d. LOCATION (City, town, or | county) (Stote) | | |
| Burial (Specify) | 6/24/1959 | Rose Hill C | metery | Hagerstown. | Maryland | | |
| FUNERAL DIRECTOR | signature uzer Funeral | HOMESS | 24a. REC | | RAR'S SIGNATURE | | |
| | CLASSIC A TICIES CAL | A A A A A A A A A A A A A A A A A A A | n. Md. DATERIN | | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be may be relained by TO FUNERAL DIFF page 3 shauld in the registror prior t VS A15 (4) 15M 10/57





| 1. | b. CITY RURA H d. NAM OR I | OF DEATH INTY OR TOWN (AL and give n | OWN TAL (If not in he | rote limits, | | c. LENG | | | 2. USI | OF DEA | | e decease | d lived. If | institutio | on: Resid | 07 Dist. No. | odmiss | |
|--------|----------------------------|---|--|---------------------|------------|------------|--------------|------------------------|-------------|------------------------------------|-----------|---------------------|-------------|-------------------|-----------|-----------------|-------------------------|--------|
| 3. | b. CITY RURA H d. NAM OR I | OR TOWN (AL and give n agerst AE OF HOSPI | (If outside corpo learest town) OWN TAL (If not in he | rote limits, | | c. LENGI | M | 4 8 V 1 4 5 4 5 | 2. USL | JAL RESIDENCE | When | e decease | d lived. If | institutio | n: Resid | ence before | admiss | - |
| , | d. NAM OR I | AL and give n agerst AE OF HOSPI INSTITUTION | OWN TAL (If not in he | | , write | c. LENGT | | ARYLAND | q. 3 | Md Md | | | Ь. С | OUNTY | Wasi | hingto | n | on) |
| 3. | d. NAA OR I | AE OF HOSPI | TAL (If not in he | | - 1 | | TH OF ST | AY IN 1b | с. (| CITY OR TOWN | l (if out | side corpo | rote limits | write RI | JRAL one | d give neare | al town | , |
| / 3. | . NAME DECEA | NSHIUHON | | | | 16 | Hou | ırs | | | | , Lei | terst | ourg | | | | |
| 3. | DECEA | | ngton C | | | | 1 | | j | STREET ADDRES | | stown | #5 | | | | IS RES ON A (ES [| FARM |
| | (Тура о | SED | Edwa | Final RD | | | Mid | | D | tosi EAL | 4 | DATE OF DEATH | | Mont | me | Day 26, | | 9 59 |
| 5. | . SEX | | 6. COLOR O | | 7. MARRIE | | | | 8. DATE | OF BIRTH | | | 9. AGE (I | n yeors thdoy) | IF UNDE | R I YEAR IF | UNDE | R 24 H |
| 10 | Mal | E OCCUPATI | White | | WIDOWE | | _ | RCED 🔲 |]] | /21/191 | 4 | | 44 | yrs. | | | | |
| 11 | During | g most of war | ON (Give kind king life, even i | rettred | | | | | ISTRY 11. | | | | | | 112. C | ITIZEN OF | | COU |
| | | T MOTS | l Worke | r: | 1 1 | airc | hild | | 14. M | Smiths OTHER'S MAID | | | Md. | | | U.S. | Α. | |
| | S | amuel | A. Deal | | | | | | | Ethel | Kin | a | | | | | | |
| 15 | | ECEASED EVE | ER IN U S. ARA | LED FORCE | | OCIAL SE | ECURITY | NO. 17. | NFORMA | | **** | | | Addr | ess | - | | - |
| | No. | | (ii) (ii) (ii) (ii) | | | 3-09- | -5301 | M | irs. | Edward . | A. 1 | Deal, | Smit | thsb: | urg | #5, Mc | | |
| | 18. C | | ATH [Enter onl | | e per line | e for (a), | (b), and | (c).] | | | , | | | | | INTERV | AL BE | WEI |
| | | PART I, DE | ATH WAS CAUS IMMEDIATE C | ED BY: AUSE (a)_ | AC | LUTE | <u> </u> | ORU. | NAI | RY (| 200 | 451 | ON | | | 1/2 | 11 | |
| | | / ox . / | | DUE TO | 011 | 210 | lia | 7 | | 1 | | | , | - | | | | |
| | gove | ditions, if a rise to i | mmediate (| (b) DUE TO | <u> </u> | 14611 | 77 C | 1/11 | VER | TICUL | 17/ | 5 | 0+ | 1 / | 46 | - | | |
| | | (o), stating cause last. | the under- | (4) | 2 | 191 | 210 | 1 / | Cal | on | | | | | | | | |
| ATION | | PART II. OT | HER SIGNIFICAL | NT CONDI | TIONS CO | ONTRIBUT | TING TO | DEATH BUT | NOT RE | ATED TO THE T | ERMINA | L DISEASI | CONDITI | ON GIVI | N IN PA | RT 1(o) 19. | WAS A | UTC |
| | | | moid | | 1/00 | | | | | | | | | | | | ES (3) | |
| CERTIF | 20a. A OR CO (IF EIT | CCIDENT (W.) ONTRIBUTING HER, NOTIFY | AS UNDERLYING CAUSE OF MEDICAL EXAM | DEATH LINER) | 0b. DESCI | RIBE HOV | W INJÚRY | r occurre | D. (Enter | noture of injury | y in Por | t t or Parl | II of item | 18.) | | | | |
| Š | | ME OF INJUI Hour o. m. | RY Month, D | ay, Year | 20d INJ | JURY OCC | CURRED while | 20e. PL fo | ACE OF I | NJURY (Home, let, office bldg., | form, | 20f. (City | or lown) | | | (County) | | (S |
| × | <u> </u> | p, m, | | 19 | of work | or we | ork 🔲 | | | | | | | | | | | |
| | | | nat I attend | d the d | decease | | | / | | 19 <u>52</u> , to_ | JL | 11/E | 26, | 1957 | ,that I | last saw | the | dec |
| | alive | ou_77 | ave 2 | 7 | ., 12.2. | 7 | and th | at death | accur | red at | | M, fron | the ca | uses a | nd an | the date | state | d a |
| | ACTU/ SIGNA | AL TURE | ohn | a. | m | on | m | | M.D | 215/ | / | Vac | hin | or town, i | itote) | F- (| DA 2/2 | TE S |
| / | | CIAN'S (Type) | JOHN | A | Mo | RH | N | | 1 | fage | 126 | ver | ~ (| ノ | | m | L | |
| 22 | REMO | L, CREMATIC | 6/29 | | | | | EMETERY O | | TORY J | 22 | | ion (City. | | | ington | (Stote | |
| 23 | | | 'S SIGNATURE | | 4 | ADD | ~~~ | 1 | | 240. 1 | REC'D B | W DECILET | 240 24 | b. REGIS | TRAR'S S | IGNATURE | | |
| | 40 | lles | 4 24 | WE | 1 | 24 | nes | box | 0,0 | Q DATE | JUN 3 | 3 0 '59 | | ani | un & | Times | | |



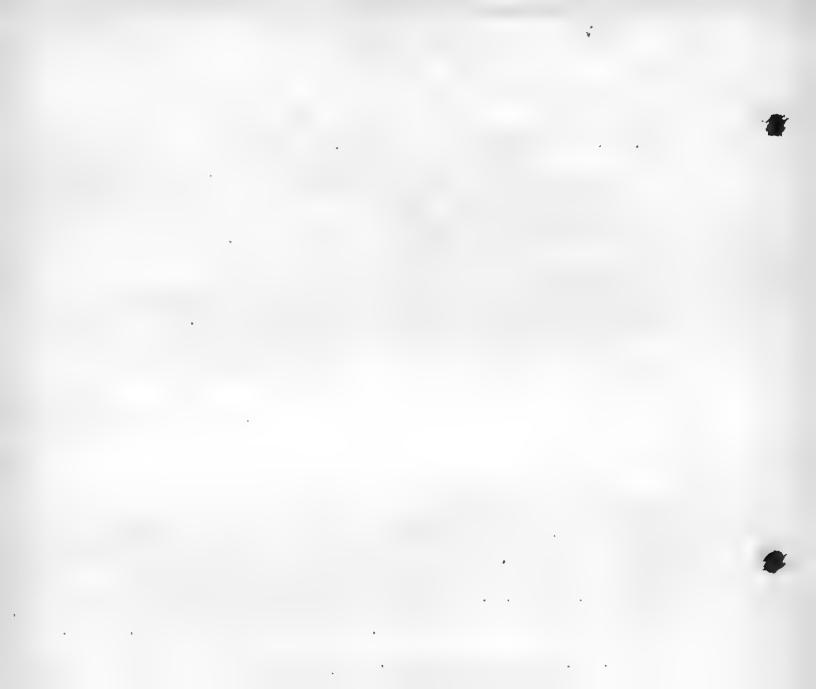
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7247 CÉRTIFICATE OF DEATH Rea, Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY **b** COUNTY MARYLAND Marvland Washington Mashington b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) o Mo Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? County Hospital 930E Main Ave YES TO NO X NAME OF 4. DATE Middle Year DECEASED BURNS DELOSIER June 13 1959 (Type or print) CATHERINE DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7- MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Female WIDOWED A DIVORCED [7] Nov 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Garfield Fred. Co Md. USA Own Home Housewife carban 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marv Smith Peter Tracey 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs Lillian Brown 930E Lain Ave No None Hagerstown 18. CAUSE OF DEATH [Enter only one couse per tine for (o), (b) yand (c)] INTERVAL BETWEED PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPLACE CONDITION GIVEN IN PART 110 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work May June 13. 19⁵⁹ that I last saw the deceased 21. I certify that I attended the deceased fram. 10:00A, fram the causes and on the date stated above. __, and that death occurred at_ ADDRESS (Streel, city or town, state) DATE SIGNED ACTUAL 135 N. Potomac Street. SIGNATURE 2 PHYSICIAN'S Hagerstown, "aryland NAME (Type) Bover .M 220 BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY pode REMOVAL (Specify) Bethel U.B. Cemeterv Foxville Fred. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Andrew K. Coffman Hagerstown Md.

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 7248

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07243

Reg. Dist. No. 302

| 1. PLACE OF DEATH o. COUNTY | 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE h. COLINTY |
|---|--|
| Washington MARYLAND | o. STATE Maryland b. COUNTY Beltimore |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| Hagerstown 2 months | Baltimore 16 |
| d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION | d STREET ADDRESS e IS RES-DENCE ON A FARM? |
| Homewood Church Home | 5701 Nasco Place |
| 3. NAME OF First Middle Company (Type or print) KATHERINE | DRACER 4. DATE Month Day Yeor OF DEATH June 30 19 59 |
| 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HR |
| Female White WIDOWED TO DIVORCED | August 30, 1887 lost birthdoy) Months Days Haurs Min. |
| 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS | STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT |
| Bookeeper self Employed | Baltimore, Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Herman Grief | Mary Seegauber |
| | NFORMANT Address |
| (If yes, give wor or dates of service) | ev. Mark Wagner Hagerstown, Maryland |
| 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | A INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | I be worth of Colourse onset and DEATH |
| 42 / DUE TO | |
| CALIXAL | a scular. |
| gove rise to immediate | At a date of |
| couse (a), stating the <u>under-</u> lying couse lost. (c) | |
| | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS |
| SATION TO THE PROPERTY OF THE | PERFORMED? YES NO |
| PAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D (Enter nature of injury in Port I or Part II of item 18.) |
| | ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stoke |
| 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PU For 20d. INJURY OCCURRED For 20d. INJURY OCCURRED For 20d. INJURY OCCURRED For 20d. INJURY OCCURRED 20d. INJURY OCCURRED For 20d. INJURY OCCURRED 20d. INJUR | ctory, street, office bldg., etc.) |
| 21. I certify that I attended the deceased from | , 19.54, to 94430, 19.54, that I last saw the decease |
| alive an 19 3 9, and that death | occurred atM, from the causes and an the date stated abo |
| Carlo | ADDRESS (Street, city or town, state) DATE SIGH |
| ACTUAL SIGNATURE CONSTRUCTION | M.D. 11 1721 CM 14 18:M 81 119 |
| PHYSICIAN'S LOUIS G. GRAFF! | 12 State town wh |
| 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) | (3,0,0) |
| Burial 7/3/1959 Baltimore, C | emetery Baltimore Maryland |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS | 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE |
| Hagerstown, 1 | Md. DATE JUL 2 '59 Critical S. Thomas |



death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



OF HEALTH—BALTIMORE. 18



death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



M

7252

Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

07247

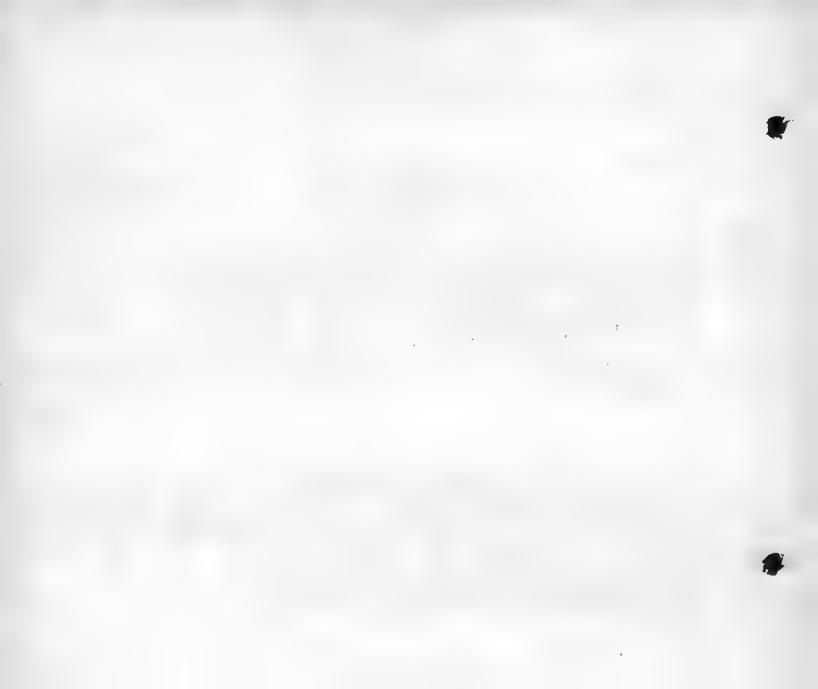
| | | Reg. Dist. No. | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|
| 1, PLACE OF DEATH D. COUNTY | 2 USUAL RESIDENCE (Where deceased lived in institution Residence before out of the state of the | | | | | | | | | | |
| Washington Washington | | Maryland Washington | | | | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give negrest town) | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | | | |
| Hagerstown | | | | | | | | | | | |
| OR INSTITUTION | dress) | ON A FARM? | | | | | | | | | |
| 311 Jefferson St | | 311 Jefferson St | | | | | | | | | |
| 3. NAME OF First DECEASED | Middle | tast 4. DATE Manth Day Year | | | | | | | | | |
| (Type or print) MARY ELIZ | | VORITE DEATH June 30 1959 19 | | | | | | | | | |
| TO THE TOTAL CONTROL OF THE PARTY OF THE PAR | | DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Institute Institute | | | | | | | | | |
| | | | | | | | | | | | |
| during most of working life, even if retired) | | | | | | | | | | | |
| |)wn Home | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (Yes, no or unknown) (If yes, give wor or dates of service) | | | | | | | | | | | |
| No means | None Mrs | Mary A. Brenner 311 Jefferson St | | | | | | | | | |
| | for (a), (b), and (c)] | Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH | | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) C | . IMMEDIATE CAUSE (o) USITCITIONS OF DIESE WITH MOTSSESSES TO | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | rteriosclerot | ic myocardial heart failure | | | | | | | | | |
| lying cause lost (c) | | grade IV | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CON | NTRIBUTING TO DEATH BUT N | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO NO | | | | | | | | | |
| | none | . (Enter nature of injury in Port I or Part II af item 18.) | | | | | | | | | |
| b. CITY OR TOWN If counds corporate Imits, write RIBAL and give negrest form? 1 | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)! | | | | | | | | | | |
| 5 p. m. 110110 19 of work | | none - | | | | | | | | | |
| 21. I certify that I attended the deceased | from Oct. | 1953, to June 30, 1959, that I last saw the decease | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | ADDRESS (Street, city or town, stole) DATE SIGNE | | | | | | | | | |
| SIGNATURE DI POBERI | MEET OF M | | | | | | | | | | |
| PHYSICIAN'S S. Robert W | Vells, M.D. | Hagerstown, Maryland | | | | | | | | | |
| | 22c. NAME OF CEMETERY OR | CREMATORY 22d LOCATION (City, town, or county) (Slote) | | | | | | | | | |
| Burial 7/3/59 | | | | | | | | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE | | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | | | | | | | | | |
| 311 Jefferson St TES NOR TO NAME OF PRINT STATE STATE | | | | | | | | | | | |

DATE

VS A15 (4) 15M 10/57



| | | MARYLAND STATE DEPARTM | MENT OF HEALTH—BAI | LTIMORE, 18 | 07248 |
|--------|------------|--|---|--|-------------------|
| | | 7299 CERTIFIC | ATE OF DEATH | Reg. Dist. 1 | |
| (M) | 1. | LACE OF DEATH TONNING LEEDLY MESONE HETT | 2. USUAL RESIDENCE (Where decease of STATE | ed lived. If institutions Residence beb. COUNTY Cour | 1, 1. |
| 133 | | c. CITY OR TOWN (Noutside corporate limits, write RURAL and give nearest town) | Anion | Parallel 01 | ′ X |
| | | d NAME OF HOSPITAL (If not in haspital, give street address) OF INSTITUTION | d STREET ADDRESS | Tyld | on a farm? YES NO |
| | L | NAME OF DECEASED Type or print) Charles Elizabeth | Same 4. DATE OF DEATH | - WANK O | 28 1957 |
| | 5. 5 | F WIDOWED DIVORCED | 8. DATE OF SIRTH | 9. AGE/(in years lost birthday) Months Day | rs Hours Min. |
| death | _ | . USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | Genna | country) 12. CITIZEN | OF WHAT COUNTRY |
| | L | FATHER'S NAME SOME THE SCALE THE SCA | 14 MOTHER'S MAIDEN NAME | eth Ma | iller |
| | 13. (Ye | (If yes, give war or dates of service) | Mrs Ruth Hu | swarder H | won Bus |
| r with | | 18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c) } PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) | (atti janiseli. | 0000 | NTERVAL BETWEEN |
| | | Conditions, if any, which gave rise to immediate (b) | | | |
| | _ | lying cause last. | | | |
| ^ | CATION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | | | PERFORMED? YES NO |
| | AL CERTII | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ED (Enter nature of injury in Part 1 or Pa | | |
| | MEDICA | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P While Not while of work of work . | PLACE OF INJURY IHome, form, 20f. (Ci actory, street, affice bldg., etc.) | ty ar lown) (Caun | ly} (State) |
| | | 21. I certify that I attended the deceased from 1914 follows on 1914 1 2 6 , 1937 , and that deat | in accurred at 7 to M, fro | that I last in the causes and on the | |
| | | ACTUAL SIGNATURE TO THE TOTAL TOTAL | MD. 136 TOLOL | Street, city or lown, state) | DATE SIGNI |
| , | | PHYSICIAN'S CILLIFE La VIJ | | Till | |
| | L | BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OF COLOR OF CEMETERY OF THE ADDITION OF THE ADDITION OF CEMETERY OF THE ADDITION OF | Brench Jear | ATION (City toyn, or county) | (State) |
| | 23 | FUNERAL DIRECTOR'S SIGNATURE CADDRESS Jaymend T. Wight Muon: | Bridge DATE JUN 3 | strar 246, registrar's signa 8 0 '59 Cuthing 8 | |
| | | | IVA. | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07250

| | 7300 | CERTIFICA | ATE OF DEATI | H | Reg. Dist. No | ¢0() |
|---|---|------------------------------------|---------------------------------|--|---|---|
| | PLACE OF DEATH o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (W | here deceosed lived If ins | | |
| | b CITY OR TOWN (If outs de corporate l'mits, write RURAL and give negrest town) TUTAL HAGETSTOWN | 5 days | Hagersto | outside corporate limits, w | rite RURAL and give ne | arest fown) |
| 1 | d NAME OF HOSPITAL (if not in hospital, give street of Catteway Nursing Home | | 17 N. L | ocust St. | | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) Bertha | Nora | Grove | 4. DATE OF DEATH | June 30, | Yeor 19 59 |
| | s. sex color or race 7. Marr white whowe | D DIVORCED | | 880 78 AGE (In y | lay) yrs. IF UNDER 1 YEAR Months Doys | Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work dane) 10b. during most of warking life, even if retired) | AND OF BUSINESS OR INDU | Washingte | | 12. CITIZEN O | F WHAT COUNTRY? |
| | 13. FATHER'S NAME John Nichols | | 14. MOTHER'S MAIDEN I | NAME Wary | Boward | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) | | bert H. Gr | ove, Hager | Address stown, Md | . • |
| | 1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under- lying couse lost. Cel PART II OTHER SIGNIFICANT CONDITIONS C | ofour | NOT DELATED TO THE TERM | POME / F | Pari P | Doy |
|) | CATIC | TRIBE HOW INJURY OCCURRE | | | | PERFORMED? YES NO |
| | OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | ACE OF INJURY (Home, form | | · | 104-1-1 |
| | Hour o.m. While | Nat while for ot work | story street, office bldg., etc | 2 / / | (County) | (State) |
| | 21. I certify that attended the decease alive an | 70/1/ | accurred at | M fram the cause: All RESS (Street, city or t | s and anothe date | w the deceased stated above. DATE SIGNED |
| 1 | SIGNATURE PHYSICIAN'S NAME (Type) | - Jour | A. xi-less | i au In | of to | 7/1/9 |
| | 220 BURIAL, CREMATION, 226. DATE THEREOF 7-2-59 | 22c NAME OF CEMETERY OF Rest Haven | R CREMATORY Cenetery | 22d LOCATION (City to Hagerston | wn, or county) | (State) |
| | 23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Sol | ADDRESS A, Hagerstow | | D BY REGISTRAR 24b. | REGISTRAR'S SIGNATU | |





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 117252 **CERTIFICATE OF DEATH** Reg. Dist. No. 302 131 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY **b** COUNTY MARYLAND Maryland Washington Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) 6 days Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Washington County Hospital ON A FARM? 212 Willard Street YES NO NAME OF First GUESSF ORD DATE Middle Year DECEASED LESTER OF PAUL DEATH (Type or print) 6 10 June 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH lost birthday) July 16, 1913 white male WIDOWED [DIVORCED [yrs. papers. compl 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U.S.A. self employed Washington County, Truck Driver pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 Stella Rubeck Elmer Guessford 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 220-10-3193 Hagerstown, Maryland Mrs. Bertha Guessford in the 30's Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d.) INTERVAL BETWEEN ONSET AND DEATH 귭 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Uremia months **DUE TO** Chronic Glomerulonephritis with Hypertension ony Conditions, if ony, which (b) signed it permi gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f (City or town) Day, Year (County) (Stole) foctory, street, office bldg., etc.) While Not while at work of work April June 6 21. I certify that I attended the deceased fram .that I last saw the deceased from the causes and an the date stated above. June 6 and that death accurred at ADDRESS (Street, city or fown, stole) ACTUAL SIGNATURE 70 PHYSICIAN'S Archie R. Cohen Clearspring, Maryland M.D. NAME (Type BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Slole) REMOVAL (Specify) Rest Haven Cemetery 6/9/1959 Hagerstown 23 funeral director's signature Suter-Houser Funeral Home ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Collins & Kraus

Hagerstown, Maryland DATE

VS A15 (4)

15M 10/57

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7256

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

07253

| | | | | | | | | teg. Dist. N | 0. 302 | |
|--|--|---------------------------------|-------------------|--------------------------------|----------------------------|--|-------------------------------------|--------------------|-------------|---------------|
| 1. PLACE OF DEATH a COUNTY Washington | | MARYLA | LI . | | ence (Whe | ere deceased lived | b COUNTY | | fore admiss | |
| b. CITY OR TOWN (If autside carporal RURAL and give nearest tawn) Hagerstown | te fimils, write | c LENGTH OF STAY IN | 116 | c CITY OR TO | | utside carporote li erstown | mits, write RUR | AL and give n | earest tawr | 7) |
| d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Washington County | oital, give street | address) | 1 | d. STREET AD | DRESS | son Stre | eet | | | FARM? |
| 3. NAME OF DECEASED (Type or print) CHARLE | First | Middle MC CAMMOI | N | Lost HARTI | MAN | 4. DATE OF DEATH JU | Month ne | 14 | -0, | Year 19 59 |
| 5. SEX 6. COLOR OR white | RACE 7. MARI | RIED NEVER MARRIED | | rch 4, | 1913 | P. AC | | UNDER 1 YEA | R IF UNDE | |
| 100 USUAL OCCUPATION (Give kind of during most of working life, even if Moulder | retired) i | KIND OF BUSINESS OR Foundry | - | 11. BIRTHPLA | CE (State o | | 1 | U.S. | | COUNTRY |
| 13 FATHER'S NAME | | | 14 | MOTHER'S A | MAIDEN N | AME | | | | |
| Calvin B. Hart | man | | | Flore | ence | E. Metze | r | | | |
| 15 WAS DECEASED EVER IN U. S ARME (Yet no, or unknown) (If yet give wor or d | also of service) | SOCIAL SECURITY NO. 214-09-6016 | 17. INFO | ard L. | Hart | man H | Addres Agersto | | rylan | ıd |
| Conditions, if ony, which | UE TO (b) (c) (CONDITIONS VASCU (1 120b, DES | ronic hydr | H BUT NOT e an | RELATED TO 1 | THE TERMIN | val disease con enlare | dolition given gement | lure | PERFQ | rinit |
| [- | NER) | Not while | De. PLACE (| OF INJURY (He street, office l | ome, form, bldg , etc.) | 20f. (City or to | wn) | (County | rì | (State) |
| 21. I certify that I attended alive on June 4 | the deceas | ed from | | 148 | Wes | June 4 PM, from the ADDRESS (Street, c t Washi Own, Ma | couses and ity or lown, stone ngton | d on the dole) St. | ate state | ed abavi |
| 220 BURIAL, CREMATION, 22b. DATE TO | HEREOF | 22c. NAME OF CEMETE Rest Have: | | MATORY | | 22d LOCATION (| City, town, or i | | (Stote | e) yland |
| 23. FUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer une | ral Hom | ADDRESS | | | | BY REGISTRAR | 24b REGISTR | AR'S SIGNAT | URE | 3 2002 8 |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7301

CERTIFICATE OF DEATH

| 3. 1 10a 10a 10a 10a 10a 10a 10a 10a 10a 1 | | | | | | Keg. Dis | 1. 110. |
|--|-----------------------|--|--|-----------------------------------|--|---|---|
| b. CITY OR TOWN (IF RURAL and give ne H gerst d. NAME OF HOSPIT. OR INSTITUTION Reid 3. NAME OF HOSPIT. OR INSTITUTION Reid 3. NAME OF HOSPIT. OR INSTITUTION Reid 3. NAME OF HOSPIT. OR INSTITUTION Reid 3. NAME OF DECEASED VITOR OF USUAL OCCUPATION OF WART IN DEAR PART I. DEAR PART I. DEAR PART I. DEAR PART II. OTH 20c. ACCIDENT WARD OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. ACCIDENT WARD OR CONTRIBUTING (IF EITHER, NOTIFY) | | MARYLAND | o STATE | ere deceased lived. | If institution: Residence | e before admission) | |
| - | | | | Maryland | | ashingto | on |
| | b. CITY OR TOWN (If | autside corporate limits, write | | c. CITY OR TOWN (If o | ulside corporate limi | its, write RURAL and g | ive nearest lawn) |
| | H gerst | own R#6 | 6 Yrs | A Hage | erstown | R # 6 | |
| | d. NAME OF HOSPITA | ARE OF DEATH COUNTY Washington STATE STA | t address) | | | | e. IS RESIDENCE |
| | | | | YES NO | | | |
| | 3. NAME OF | First | Middle | Lost | 4. DATE | Month | Day Year |
| | (Type or print) TIT | | | CKSON | | | and the second second |
| | 5. SEX | 6 COLOR OR RACE 7. MA | RRIED NEVER MARRIED | 8 DATE OF BIRTH | 9 AGE | | YEAR IF UNDER 24 HRS |
| | h = | make | | May 27 1914 | | A CONTRACTOR OF THE PERSON OF | Days Hours Min |
| | 10a USUAL OCCUPATION | (Give kind of work done 10) | KIND OF BUSINESS OR INDU | | | 12. CITI | ZEN OF WHAT COUNTRY? |
| | _during most of works | ig life, even if refired) | | _1 | | Co Md. I | JSA |
| | 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN N | IAME | | |
| | Guy Hene | drickson | | Anna May | y Shuckm | an | |
| | 15. WAS DECEASED EVER | | S. SOCIAL SECURITY NO. 17. I | | | | |
| | No (H | yes, give wor or dates of service | 4-09-4969 Mr | s Dorothy R | . Hendr | ickson | |
| | 18 CAUSE OF DEAT | H [Enter anily and cause per | line for (a), (b), and (c) } | agerstown I | 1 # 6 Md | Reid | INTERVAL BETWEEN |
| -1 | PART I. DEAT | H WAS CAUSED BY: | | B | A | | ONSET AND DEATH |
| - 1 | 4.5.4 | IMMEDIATE CAUSE (a) | or on one | | 73 | | 12 Tur |
| | 1 | | | | | | |
| ı | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| - | PART II. OTHE | | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE COND | ITION GIVEN IN PART | I(a) 19. WAS AUTOPSY |
| | Š | | | | | | |
| - 1 | 20g. ACCIDENT WAS | LINDERLYING T 20b DE | SCRIRE HOW INTURY OCCURRE | D. (Fotor poture of injury in f | Port Lor Port II of its | mm 18 1 | 10 III NOVE |
| | OR CONTRIBUTING (| CAUSE OF DEATH! | Towns in a second | o temer nover or injery in a | on to to to to | EM 10.) | |
| 1 | 3 20c. TIME OF INJURY | Month, Day, Year 20d. | INJURY OCCURRED 20e. PL | ACE OF INJURY (Hame, form, | . 20f. (City or faw) | n) (C | punty) (State) |
| -1 | Hour o. m. | | e Not while tai | clory, street, affice bldg., etc. | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1 | ≥ p. m. | ·· joi w | TR OI WORK | / | | | |
| П | 21. I certify that | it I attended the decea | sed fram 7 | , 19.3 (e., ta | June 17 | . 19 5 That I k | ast saw the deceased |
| 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna May Shuckman 15. WAS DECERDED BY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one course per lime for (a), (b), and (c)] HELBERTS TOWN R. Hendrickson 18. CAUSE OF DEATH Enter only one course per lime for (a), (b), and (c)] HELBERTS TOWN R. Hendrickson 18. CAUSE OF DEATH Enter only one course per lime for (a), (b), and (c)] HELBERTS TOWN R. HENDRICKSON 19. CAUSE OF DEATH Conditions, if any, which gave rise to immediate (b) DUE TO 19. Conditions, if any, which gave rise to immediate (c), toking the yadar. If the property of the part of the part in other significant conditions contributing to death but not related to the terminal disease condition given in part i(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE OF DEATH ONE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE OF DEATH ONE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. ACCIDENT WAS UNDERLYING ONE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. 20a. CONTRIBUTING CAUSE OF DEATH BUT NOT R | | | causes and on th | e date stated above | | | |
| | | | DATE SIGNED | | | | |
| -1 | | aul Harris | A STATE OF THE STA | M D | | | |
| | | | | | | | |
| - | | | | | | | |
| | 220 BURIAL, CREMATION | 22b. DATE THEREOF | 22c. NAME OF CEMETERY O | R CREMATORY | 22d. LOCATION IC | ity town or country | (State) |
| | REMOVAL (Specify) | 6/20/50 | | | | | Au ha - |
| ŀ | | SIGNATURE | | | TORY Land Washington ITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Hagerstown R # 6 STREET ADDRESS Reid A. DATE ON DEATH June 17 1959 19 OF BIRTH 27 1914 4.5 BERGITH PORT HOUSE I YEAR IF UNDER 24 HRS LOS birthday) 37 1914 9. AGE (In years Months Days Hours Min Min Min Months Days Hours Min Months Days Hours Min Months Days Hours Min Months Days Hours Min Min Months Days Hours Months Days Hours Months Days Hours Min Months Days Hours Months Days Hours Min Months Days Hours Min Months Days Hours Months Days Hours Min Months Days Hours Min Months Days Hours Months Days Hours Months Days Hours Months Days Hours Min Months Days Hours Months Days Hours Min Months Days Hours Min Months Days Hours Months Days Hours Min Months Days Hours Months Days Hours Months Days Hours Min Months Days Hours Min Months Days Hours Months Days Hours Min Months Days Hours Months Days Ho | | |
| 1 | | | | | | | |
| | andrew K. | Corrman Ha | gerstown and. | DATE JI | DIA X X Da | TOTAL ST. | 1 COUNTY |

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page 4 TO FUNERAL DIFT page 3 should of VS A15 (4) 15M 10/57

certificate has been signed by the attending physician and completely filled in byte e as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stan, or remayal, and in any event within 72 hours after death.

etoched for use as the buriol-transit permit.

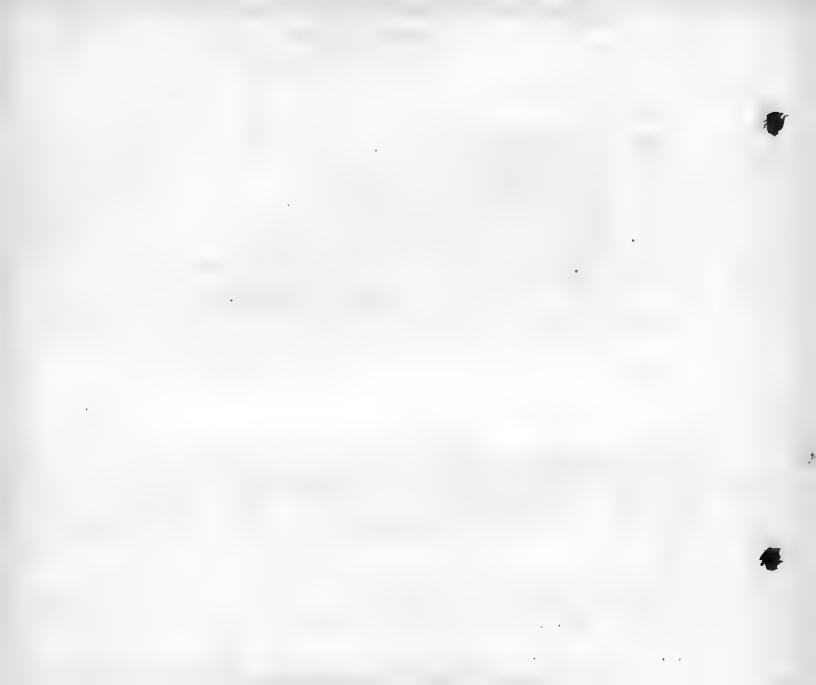


7257 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07255

302 Reg. Dist. No.

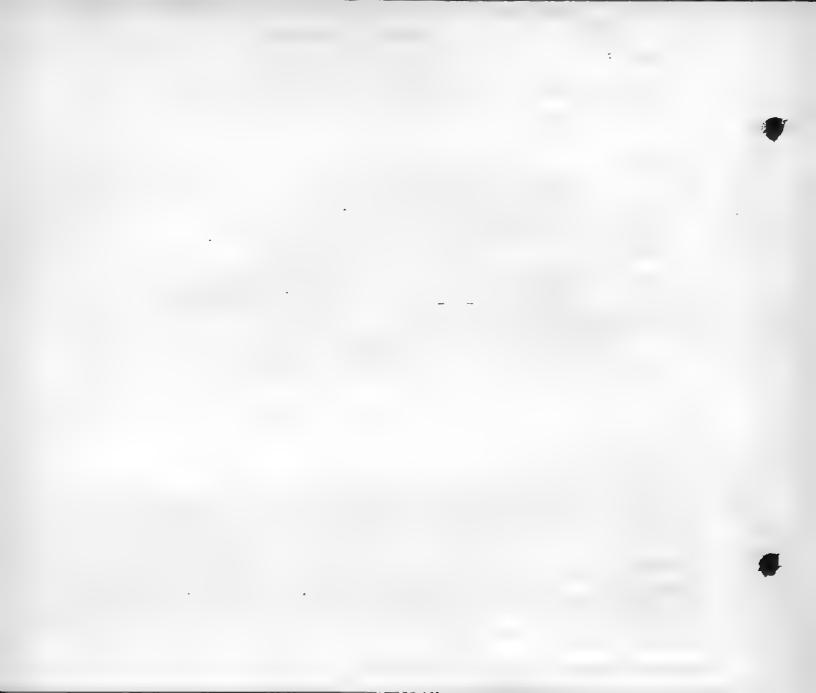
| | n. PLACE OF DEATH o. COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (Where Deceased lived. If institution Residence before admission) o. STATE b COUNTY Washing Com/ | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| | b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) Hagerstown | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Webster Grove | | | | | | | |
|) | d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Homewood Church Home | d STREET ADDRESS 325 Newport Avenue on a FARM? /Honewood/Church/Hone YES No XX | | | | | | | |
| | | RMANN de June 21 19 59 | | | | | | | |
| | | September 9,1884 74 birthday yes. Months Days Hours Min | | | | | | | |
| | USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Asst. Florist Florist | Maryland USA | | | | | | | |
| | Charles M. Hermann | 14. MOTHER'S MAIDEN NAME Elizabeth Diehl | | | | | | | |
| | | newood Church Home, Same as Item #2 | | | | | | | |
| | CATK | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 18. WAS AUTOPSY PERFORMED? YES NO | | | | | | | |
| | Z 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL | ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) | | | | | | | |
| / | 21. I certify that I attended the deceased from 19 to 19 that I last saw the decale of alive on 19 that I last saw the decale on 19 that I last saw the decale of alive on 19 that I last saw the deca | | | | | | | | |
| | 23. FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Son, Frederack, Marylan | d DATE JUN 25 59 246. REGISTRAR'S SIGNATURE | | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07256 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) e. IS RÉSIDENCE ON A FARM? YES TO NOT Month Day Year 13. 1959 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY: USA 17. INFORMANT Mrs. Etta Va. Hetzel R.F.D.#1, Harpers Ferry, West Va. INTERVAL BETWEEN ONSET AND DEATH Milmer PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO TH (County) (Stote) 1921 that I last saw the deceased

arthur & Krous

DATE HIN 1 5 '59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

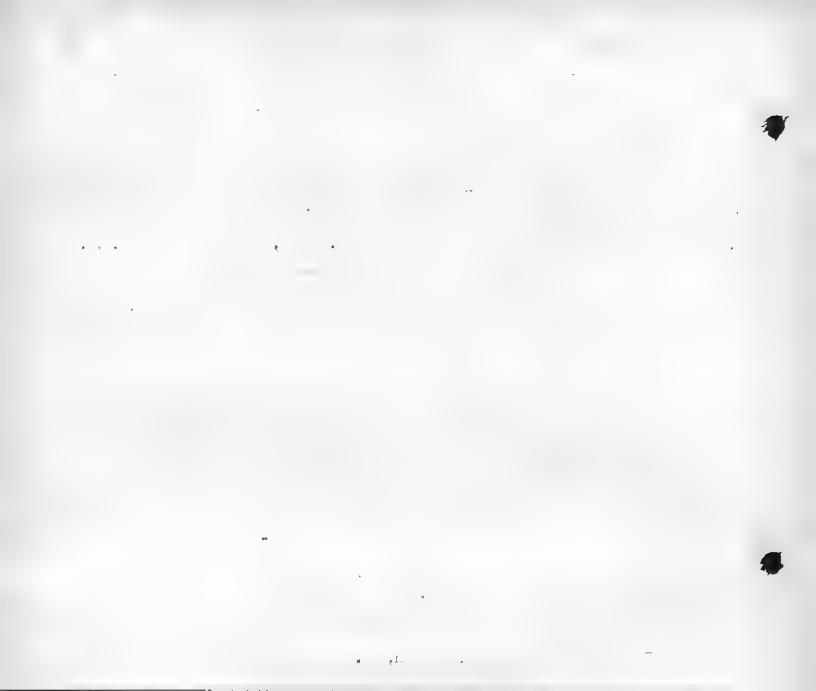
7258 CERTIFICATE OF DEATH

07257
Reg. Dist. No.

| - | | | | | | | | | | | | | |
|--------------|--|--|----------------|------------------------------|---------|---------------------------|---------------------|---------------------------------|---|--------------------------------|-----------|-----------|-----------------------|
| 1 | o. COUNTY W | ashington | | MARYLA | UND | 2 USUAL RESID a. STATE | Md. | ere deceases | I lived. If institut b. COUNTY | / | nce befor | re admiss | ian) |
| | b CITY OR TOWN (If RURAL and give ned Hagers | arest tawn) | ts, write | c. LENGTH OF STAY IN 8 hours | 1 1Ь | | own (If or harps | | rate limits, write l | RURAL ond | give nea | rest town | ٦) |
| , | d. NAME OF HOSPITA | | | address) | | /d. STREET AI | oute | 1 | | | | | FARM? |
| 3. | NAME OF DECEASED (Type or print) | Geor | | Middle | 1 | Hicks | | 4. DATE OF DEATH | Ma 6 | nih | Do: | * | Year 19 59 |
| 5 | SEX | | | RIED A NEVER MARRIED | □ B | DATE OF BIRTH | | | 9. AGE (In years | | | IF UND | ER 24 HRS |
| | male | white | WIDOW | | _ | March 1 | 9. 18 | 86 | last birthday) 73 yrs | Manths | Days | Hours | Min. |
| 1(| o. USUAL OCCUPATIO | N (Give kind of work | dane 10b. | KIND OF BUSINESS OR | INDUST | | | | ountry) | 12.C1 | IZEN OF | WHATC | OUNTRY? |
| | retire | ing`life, even if retired d | ' | Lawver | | Was | h. Co | | |] ' | USA | | |
| 13 | , FATHER'S NAME | _ | | <i>*</i> | | 14. MOTHER'S | MAIDEN N | IAME | | | | | |
| | Ca | dmus M. Hi | eks | | | | Mary | Denni | S | | | | |
| | . WAS DECEASED EVER | | CES? 16. | SOCIAL SECURITY NO. | IN | ORMANT | | | Ade | dress | | | |
| Ι, | no | ir year, give wor or doles or s | BIVICE) | none | Mrs | . Flore | nce H | icks | Sharps | burg, | Md. | | |
| NOTACE | Canditions, if an gave rise to im cause (a), stating t lying cause last. PART II. OTH | DUE TO (b) mediate he <u>under-</u> (c) CR S GN-FICANT CON |) DITIONS (| CONTRIBUTING TO DEAT | H BUT A | OT RELATED TO | THETERMI | NAL DISEAS | | VEN IN PA | | 9 WAS | rus. |
| MEDICAL CERT | OR CONTRIBUTING | S JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye | or 20d | | De. PLA | CE OF INJURY () | tame, farm | , 20F (City | | | (Caunty) | | (State) |
| | 21. I certify the alive an | John H. | 7. 12: 1 Ho | aker, M.D. | | accurred at. | Advik West | M, fram ADDRESS (S t Wash | the causes a treet, city or town tington flaryland. | nd an th , state) Street | e date | stated | d abave. re signed |
| 2 | Pa. BURIAL, CREMATION | | | 22c. NAME OF CEMET | ERY OR | | | | TION (City, town, | | | (Stat | te) |
| | REMOVAL (Specify) | 6-10-59 | | Rest Have | n | | | H | agerstow | n | | Md | l. |
| 100 | . FUNERA. DIRECTOR'S | | | ADDRESS | | | 24a REC'I | D BY REGIST | TRAR 24b. REG | ISTRAR'S S | IGNATU | RE | |
|] | Fred W. Kra | iss Hage | rsto | wn, Md. | | | DATE JL | JN 1 1_" | 59 0 | William 2 | 8. Hum | 44 | |
| | | | | | | | | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07259 7303 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY o. STATE Maryland 6. COUNTY Washington Washington MARYLAND erol b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lawn) RURAL and give nearest town) D Rural Hagerstown Mo. Rural Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 6 R#3 Gateway Convalescent Home YES X NO .⊆ NAME OF First Middle 4. DATE Month Day DECEASED ALICE RENA HOUSER 19 59 (Type or print) DEATH June S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 86 ve Months Doys Hours Oct.16,1872 White Female WIDOWED TO DIVORCED certificate be executed сотр 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWIIE Frederick County . Md. Own Home USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME n o ě Josepheus Wise Susan Gross maye IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address Mr.Roy M. Houser R#3 Hagerstown.Md. None None attending that the death 18. CAUSE OF DEATH | Enter only one couse per line foll (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost has been PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? 0 YES IN NO ST 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port It of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or fown) (County) (Stote) factory, street, office bldg, etc. 0. m. While Not while of work of work p. m 21. I certify that I attended the deceased from 3 19 3 That I lost sow the deceased that Beath occurred at O. M., from the couses and on the date stated above. OR: ACTUAL SIGNATURE FUNERAL DI PHYSICIAN'S registrar NAME (Type 226. DATE THEREOF 220 BURIAL, CREMATION, 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) June 16.1959 Burial Mt. View Cemetery Sharpsburg Md. 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS ATS (4) DATE JUN 1 7 '59 Orthor & Kinus Rest Haven Funeral Chapel Inc. Hagerstown . Md. 15M 9/SB



death. Page

law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

-Inu

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIR DR: After this certificate has been signed by the attending physician and campletely filled in by the function. D FUNERAL DIR DR: After this certificate has been signed by the attending physicion and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 state registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A1S (4) 15M 10/57

7304

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07261 Reg. Dist. No. 302

| | 1. PLACE OF DEATH COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institut on: Residence before admiss an) a. STATE Virginia b. COUNTY Page | | | | | |
|---|---|--|---|--|---|--|--|--|
| | b CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Rural Hagerstown | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LizRay | | | | | | |
|) | d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Gateway Convalescent Home | idress) | d. STREET ADDRESS unknown | | e. IS RESIDENCE ON A FARM? YES NO N | | | |
| | 3 NAME OF First | Middle | Lost 4 | L. DATE Month | Day Year | | | |
| | (Type or print) CLETUS | | KENDRICK | DEATH June | 5 19 59 | | | |
| | 6. COLOR OR RACE 7. MARRIE WIDOWED | | June 24, 1893 | 9 AGE (In years IF UNDE last birthday) Months 5 yrs | Doys Hours Min. | | | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Ta | annery | LuRay, Vi | | ITIZEN OF WHAT COUNTRY? | | | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | | | | |
| | Hack Kendrick | | Rosie Belle | Gordon | | | | |
| | (Yes, no or unknown) (If yes, give wor or dates of service) | | FORMANT | Address | 24 . 2 . 3 | | | |
| | no 70 |)5-1 9- 4761 J | ames O. Kendr | ick Hagerstown | n, Maryland | | | |
| | PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) | for (a), (b), agel (c).] | ra of | Luna | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | 163X DUE TO | 200010011 | No. | 4 | 5 | | | |
| | Canditians, if any, which) to | | | | | | | |
| | gave rise to immediate (cause (a), stating the under- | | | | | | | |
| | lying cause lost. (c) | | | | | | | |
|) | Pair II. OTHER SIGNIFICANT CONDITIONS CO | INTRIBUTING TO DEATH BUT N | NOT RELATED TO THE TERMINA | AL DISEASE CONDITION GIVEN IN PA | RT I(o) 19. WAS AUTOPSY PERFORMED? YES NO | | | |
| | 1 272 | RIBE HOW INJURY OCCURRED. | . (Enler nature of injury in Par | rt f ar Part II af item 18) | | | | |
| 1 | 20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour a. m. While of work | Not while fack | CE OF INJURY (Home, farm, ary, street, affice bldg., etc.) | 20f (City or town) | (Caunty) (State) | | | |
| | 21. I certify that (attended the decease | d from May 6 | 1959 10 | une 4105 9 that 1 | last saw the deceased | | | |
| | olive on June 4, 195 | | والمراز والمراز المراز | M, fram the causes and on | | | | |
| | X | 3 | | ODRESS (Sijeet, city or town, state) | DATE SIGNED | | | |
| . | SIGNATURE AND CONTROL | truver " | D. Clear | Spring Me | 6/5/5 | | | |
| | PHYSICIAN'S David Brewer | | Clears | oring, Maryland | 7-7-7 | | | |
| | 22a. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR | | 2d. LOCATION (City, tawn, or county) | (Stote) | | | |
| | Burial 6/8/1959 | Rose Hill Ce | | Hagerstown, | Maryland | | | |
| | 23. EUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral. Home | ADDRE\$\$ | | BY REGISTRAR 245 REGISTRAR'S S | IGNATURE | | | |
| | A January runeral home | Hagerstown, | Md. DATE 1118 | 19 150 arthur | 8. Krous | | | |



7261

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

07262

| | | | | Reg. Dist. No. | 300 | | |
|---|---|--|----------------------------------|----------------------|---------------|--|--|
| 1. PLACE OF DEATH | | 2 USUAL RESIDENCE (Who | ere deceased lived. If instituti | on Residence before | admission) | | |
| "ashington | MARYLAND | Maryland | b. COUNTY | | | | |
| b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | | otside corporale limits, write R | | at town) | | |
| Hag rstown | 34 Yrs | Hagers | | out one grown | | | |
| d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION | address) | d STREET ADDRESS | | е | IS RESIDENCE | | |
| 1100 So Potomac St | | 1100 So Po | otomac St | , | YES NO X | | |
| 3. NAME OF First | Middle | Last | 4. DATE Mon | nth Day | Yeor | | |
| (Type or print) HARVEY | DENTON | KLINE | DEATH June | 13 1959 | 19 | | |
| 5 SEX 6 COLOR OR RACE 7 MARI | RIED NEVER MARRIED | B DATE OF BIRTH | 9. AGE (In years | | UNDER 24 HRS | | |
| Male White widow | ED DIVORCED | Oct 23 1895 | iost birthdoy) 63 yrs. | Months Days | Hours Min. | | |
| 100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (State | or foreign country) Pa | 12. CITIZEN OF | WHAT COUNTRY? | | |
| Foreman Pang | born Corp | Mercersbur | rg Franklin | Cb U | ISA | | |
| 13. FATHER'S NAME | | 14 MOTHER'S MAIDEN N | | 00 | | | |
| John Kline | | Ann McI | Jonough | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO 17 | INFORMANT | Add | fress | | | |
| (Yes no, or unknown) (If yes, give war or dates of service) | -09-5994 WT | Frances Kl | line 1100 S | So Potona | c St | | |
| 18. CAUSE OF DEATH [Enter only one couse per li | ne far (a), (b), and (c)] | Hagerstov | vn lud. | | VAL BETWEEN | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | - work | Carlina | | ONSE | AND DEATH | | |
| DUE TO | | | | | • | | |
| Conditions, if ony, which) | 1 | 0754 | Edat | 16 | mrs- | | |
| gove rise to immediate | asum; | anone p | any tours | | | | |
| couse (o), stoting the <u>under-</u> | | | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY | | | | | | | |
| FART II OTHER SIGNIFICANT CONDITIONS | ONI KIBUTING TO DEATH BUT | I NOT RELATED TO THE TERMIT | NAL DISEASE CONDITION GIV | ZEN IN PART I(0) 19. | PERFORMED? | | |
| Ž | * - · · · · · · · · · · · · · · · · · · | | | Y | res NO | | |
| PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in P | 'ort I or Port II of item 18.) | | | | |
| | NJURY OCCURRED 20e. Pt | ACE OF INJURY (Home, form, | 20f (City or town) | (County) | (State) | | |
| 20c. TIME OF INJURY Month, Doy, Year 20d II Hour o. m. While p. m. 19 ot wor | Not while fo | ictory, street, office bldg., etc. |) | (County) | (3:016) | | |
| ₹ p. m. IF of wor | k ot work | | 1 | | | | |
| 21. I certify that I attended the deceas | ed from 1-13 | 1959, 196 | - 13 195) | Zithat I last saw | the deceased | | |
| alive on 6-1-39 19 | , and that death | occurred at 6 | M, from the couses o | and on the date | stated above | | |
| | - | | ADDRESS (Street, city or town, | | DATE SIGNED | | |
| SIGNATURE A CAL | 2 | wo that | 1 - Time In | -/ 6 | 6/12/0 | | |
| SIGNATURE | 1 | The state of the s | | - f | | | |
| PHYSICIAN'S TITE IN TITE | TTO for | Adam | han me | 4 | | | |
| 220. BURIAL CREMATION, 226. DATE THEREOF | 22¢ NAME OF CEMETERY C | OR CREMATORY | 22d LOCATION (City, lawn, | or county) | (Stote) | | |
| Burial 6/17/59 | Rose Hill | Cemeterv | Hagerstown | 177- 1 0 | 21. | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | | ISTRAR'S SIGNATURE | IMIC | | |
| | | DATE JUI | N. d. m. 1ma | | | | |
| Andrew K. Coffman Ha | gerstown Md. | DATEGO | - 1 33 | Thung & Krous | | | |

poge 3 should

but he hospital or ottending physician



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07263

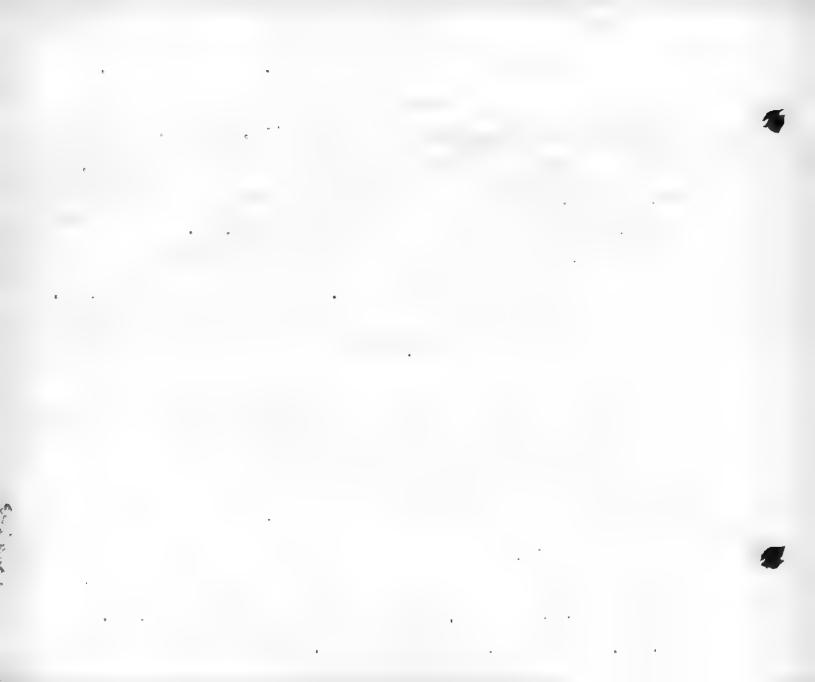
ATH

| 7262 | CERTIFICATE | OF | DE/ |
|------|-------------|----|-----|
| | | | |

| | Reg. Dist. No. |
|---|---|
| PLACE OF DEATH Washington MA | 2. USUAL RESIDENCE (Where deceased lived (finstitution, Residence before admission) o STATE Md. 6 COUNTY Wash. |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 5 years | TT- or combination |
| d NAME Of HOSPITAL (If not in hospital, give street address) OR INST EUTION Washington County Hospital | d. STREET ADDRESS 1617 Virginia Ave. 6 IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \(\sigma \) |
| 3 NAME OF DECEASED (Type or print) Nora First Viola | Kuhn 4. DATE OF June 30, 1959 |
| famale 6 COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVOR | RRIED B. DATE OF BIRTH March 1, 1890 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DOUBLE WORK | S OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Clear Spring, Md. 12 CITIZEN OF WHAT COUNTRY? |
| Dallas Ward | 14. MOTHER'S MAIDEN NAME Ida Shank |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY (Yes, no. or unbapara) (If yes, give wor or doles of service) 212-38-87 | 720 Mrs. Ruth Landis, Hagerstown, Md. |
| Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse last. | of Calon List me Lastases - "Pick us sh |
| CATIC | PERFORMED? |
| | Y OCCURRED. (Enter nature of injury in Port I at Port II af Item 18) |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 While of work at work | 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (Stote) |
| 21. I certify that I attended the deceased from 0 - alive an 6-30 , 1959, and the signature stage from 2 - | 16 1957, to 6-30 , 1957, that I last saw the deceased not death accurred at 4:79 P.M., from the causes and an the date stated abave. ADDRESS (Street, city or town, stole) M.D. 136 W. Washing for St. 1/1/55 |
| PHYSICIAN'S SEDS GE JENNING 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CE | EMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (State) |
| Burier 7-3-59 St. Pau | al's Cemetery ClearSpring, Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son, Hager | rstown, Md. DATE 240 RECISTRAR'S SIGNATURE |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital an attending physician.

TO FUNERAL DIL FOR: After this certificate has been signed by the attending physician and completely filled in by Mr. funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ragges, I and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07264 7263 ERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown d. NAME OF HOSPITAL (If not in hospital, give-street address) IS RESIDENCE OR INSTITUTIONS ON A FARM? YES NO Ξ NAME OF 4. DATE Month Day Year filled DECEASED DEATH (Type or print) Calvert rence Landon 19.55 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED campletely Months Days Hours WIDOWED [DIVORCED [7] paper 10a USUAL OCCUPATION (Give kild of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHBLACE (Stole or foreign country) during most of working file, even if retired) 12 CITIZEN OF WHAT COUNTRY puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN MA'ME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMONORY edema and congestion IMMEDIATE CAUSE (o) 30/24 **DUE TO** lobular precimonia, bijakrah Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. WAS ALTOPSY PERFORMED? 1. Cerebrospinal syphylis 2. arteriosclerosis generalized YES 📝 NO 🗀 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 of Port 11 of item 18) 20c. TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f (City or fown) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while While of work of work p. m. , 1959, to JUNE 10 , 1959, that I last saw the deceased 21. I certify that I attended the deceased from 176.04 19 59, and that death accurred at 5.550 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) M.D. TUESTERN Md. State Hospital FUNERAL DIR PHYSICIAN'S Hagershown, marylang NAME (Type) 22g BURIA, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, tow pode REMOVAL (Specify) ADORESS 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/58

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OR STATE HEALTH DEPT. files. Health, 80 with form PM3.

MARYLAND STATE DEPARTMENT OF

| MEIN OF HEALTH | -BALTIMORE, 10 | 114209 |
|---|--|---------------------|
| R'S CERTIFICATI | E OF DEATH | t. No. 302 |
| | ere deceased lived. If institution Residen | |
| Maryland_ | Wehington | |
| c. CITY OR TOWN (If o | ulside corporate limits, write RURAL and (| give nearest town) |
| 03 Hagerst | own | |
| d. STREET ADDRESS | | e. IS RES DENCE |
| /2006 Vir | ginia Ave | AEZ WO W |
| Los! 4 | DATE Month | Day Year |
| Lefevre | DEATH June 8 19 | 59 19 |
| 8. DATE OF BIRTH | | 7 |
| Nov 4 1880 | 9. AGE (In years leaf birthdoy) Months Di | ays Hours Min, |
| DUSTRY 11. BIRTHPLACE (Stote of | foreign country) M. A 12. CITIZI | EN OF WHAT COUNTRY? |
| Hagerstov | - To ah 2001 | TCA |
| 14. MOTHER'S MAIDEN NA | | JSA |
| Mary (| | |
| 17. INFORMANT | Address | |
| Mary Shilling | | Blvd |
| Hagerstown | | INTERVAL BETWEEN |
| | | ONSET AND DEATH |
| rebral hemorrha | ge | min. |
| | | |
| | | |
| | | |
| | | |
| BUT NOT RELATED TO THE TERMINA | ALDISEASE CONDITION GIVEN IN PART 1 | PERFORMED? |
| | | YES NO |
| D. (Enter noture of injury in Part I | or Part 11 of item 18) | |
| PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) | 20f. (City or town) (Count | (State) |
| none | - | - |
| obove, held on Autopsy | Inspection K, Inquiry | and in my |

PLACE OF DEATH B. S. T. MARYL b. CITY OR TOWN (II autside corporate limits, write BURAL c. LENGTH OF STAY IN Hagerstown Yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) 2006 Virginia Ave NAME OF Middle DECEASED MINNIE MILDRE (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR It during most of working life, even if retired) Own Home Housewife 13. FATHER'S NAME Joseph B. Kneisley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Acute IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying PART IL-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CATION None 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURR None MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e none ot work of work p. m. 21. I certify that I took charge of the remains described opinion death resulted from: Notural causes K. Accident Suicide . Homicide . Undetermined monner 5. Ruley Wells ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER S. Robert Wells. M.D. EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Burial Rose Hill Cemeterv Hagerstown Wash. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE arthur S. Huma Andrew K. Coffman Hagerstown Ad

VS AISME 5M 2/57



7265

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

| PARTMENT OF HEALTH—BALTIMORE, 18 | | | | | | | | |
|----------------------------------|---|--|--|--|--|--|--|--|
| RTIFICA | ATE OF DEATH | 117266 Reg. Dist. No. 322 | | | | | | |
| | 2 USUAL RESIDENCE (Where deceased lived If in | stitution. Residence before admission) | | | | | | |

| | Washingto | on | | M | ARYLAND | Mary: | land | Ţij. | a.sh | ing t | ion | | | |
|---------------|---|--|---------------|-------------------------------|-----------|--|-------------|---------------|------------|------------------------|-----------------|------------|----------------|----------------|
| | b CITY OR TOWN It outside corporate limits, write RUPAL and give nearest town] | | | c. LENGTH OF STAY IN 16 1 Hr | | | | outside corpo | | | | d give neo | rest town |) |
| | | | | | | Smithsburg R # 2 | | | | | | | | |
| Г | d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION TO Shah. County Hospi | | ddress) | | | DDRESS | | | - | | | e. IS RESI | DENCE FARM? | |
| | Tash. | County F | lospi | tal | | C | hews | ville | | | | | YES 📑 | |
| 3 | NAME OF DECEASED | Fir | st | Ми | ddle | to | it | 4 DATE OF | | Mor | nth | Da | у У | eor |
| | (Type or print) | RHODA | | HOOVER | | LEHMAN | | DEATH | J | une | 26 | 1959 | 1 | 9 |
| S | SEX | 4 COLOR OR RACE | 7. MARR | IED 🔀 NEVER MA | RRIED 🗍 | 8 DATE OF BIRT | Н | | 9 AGE | (In years birthday) | IF UND | ER 1 YEAR | IF UNDE | |
| L | Fenale | White | WIDOWE | | RCED . | Nov 9 | | | 55 | yrs. | | s Days | nours | Min. |
| 100 | during most of worki | N (Give kind of work in ing life, even if retired |) [| | | STRY 11 BIRTHP | LACE (State | or foreign co | auntry) | Md | 12. | CITIZEN O | F WHAT | COUNTRY? |
| | Housewif | e | | own Hom | e | | | irg W | ash | Co | | U | SA | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN | NAME | | | | | | |
| | | les Hoove | | | | | inni | e Lec | ron | .6 | | | | |
| 15. (Ye | WAS DECEASED EVER | IN U. S. ARMED FOR I yes give wor or dotes of s | CESP 16 S | SOCIAL SECURITY | | INFORMANT | | | - | | iress | | - / | 1 - |
| L | No | | 219 | 9-20-21 | 43 1 | larold | В. Б | ehman | Sn | .1 the | bur | g Md | RT | 2 |
| | | TH [Enter only one co | use per lin | e far (0), (b), ond | (c) } | | | | | | | INTE | RVAL BET | TWEEN DEATH |
| | PART I. DEATH WAS CAUSED BY: Cardiovascular Collapse | | | | | | | | | minu | | | | |
| | 420,1 DUE TO | | | | | | | | | | | | | |
| | Conditions, if any, which) to Cerebral Vascular Accident | | | | | | | | | mir | nutes | | | |
| | gove rise to immediate couse (o), stating the under- | | | | | | | | | | | | | |
| _ | lying couse tost. (c) Coronary Occlusion | | | | | | | | | | | ites. | | |
| Įξ | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | | | | | | | | ART 1(o) 1 | PERFO | UTOPSY RMED? | | | |
| ₹ | Arteriosclerosis General | | | | | | | | | | NO 📆 | | | |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) | | | | | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJURY | Month, Day, Yes | 1 | JURY OCCURRED | 20e, PL | ACE OF INJURY (story, street, office | Home, farm | 20f. (City | or tow | n) | | (County) | | (State) |
| MED | Hour o.m. | 19 | While of work | Not while of work | " | kiviy, sireci, viik | s biog., en | ,, | | | | | | |
| | 21. I certify the | 21. I certify that I attended the deceased from June | | | | | | | | | | | | |
| | | me 26 | | | | | | | | | | | | |
| | | 2.1.0 | 0 . | | | | | ADDRESS (SI | | | | inc da | | TE SIGNED |
| | ACTUAL SIGNATURE | 000 | 31 | M | | M.D | 19 E. | _Ant: | i.e.t. | am S | ta | | 6-2 | 7.59. |
| | | ais G. Gr | aff. | M.D | | | | gerst | | | - | | - Albandi | |
| | NAME (Type) | | | | | | 3222 | 20100 | | و | | | | |
| 220 | REMOVAL (Specify) | , 22b. DATE THEREO | F | 22c. NAME OF | EMETERY C | R CREMATORY | | 22d LOCA | TION (C | ity, town, | or county | r) | (Stote |) |
| | Burial | 6/29/59 | 3 | Green . | Hill | Cemete | ry 1 | ayne | sbo | ro E | ran | klin | Co | Pa. |
| 23. | FUNERAL DIRECTOR'S | | | ADDRESS | | | 240. REC | D BY REGIST | | 24b REGI | STRAR'S | SIGNATUR | E | |
| A | ndrew K. | Coffman | Hage | erstown | Md. | | DATE JU | 5L 6 | , , | | mount. | d. Three | (B) | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DI page 3 should be VS A15 (4) 15M 10/57

the registror prior to buriol, cremotion, or remayal,

R. After this certificate has been signed by the ottending physician and campletely filled in by detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 to burial, cremation, or remarat, and in any event within 72 hours after death.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07268 7266**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 团 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY U. J b. COUNTY MARYLAND 22 WASHING-TON WASHINGTON MARYLAND. 1 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) HACKERSTOWN HACEISTOWN ď d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? Z HOSPITAL YES NO IR MASHINGTON COUNTY DAVICATAH 401 3. NAME OF Middle Year ۵ DECEASED 5 (Type or print) DEATH 19 59 MASON NE -AGE (In years lost birthday) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HIS 8. DATE OF BIRTH Months Days WIDOWED | DIVORCED | MAJE 0 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ARMER SUPPLY CO. FINFROCK MECHANIC . 14 MOTHER'S MAIDEN NAME 00 move NO_RECORD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 401 DAY ROTAH AVE 17. INFORMANT Ill was cover wor or dotter of secured 220-16-2346 MRS. FLORIDA MASON HAGERSTOWN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute carditis with dilatation week IMMEDIATE CAUSE (o) 416 X **DUE TO** Rheumatic heart disease years Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoling the under-REARRANTS lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Bronchitis YES NO TE 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of stem 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. Not while of work of work p. m 21. I certify that I attended the deceased from ___8/7 ____, 1958_, to 6/17 19.59., and that death accurred at 4. A. M., from the causes and on the date stated above. alive an_6 ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL 145 S. Prospect St. SIGNATURE 70 PHYSICIAN'S John Hagerstown, Maryland NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) CHINE 20 1959 SCANSBORD CEMETERV DONNSBORD WASH, CE, IND. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE JUN 2 3 59 VS A15 (4) MONSBORD 15M 10/57



5M 2757



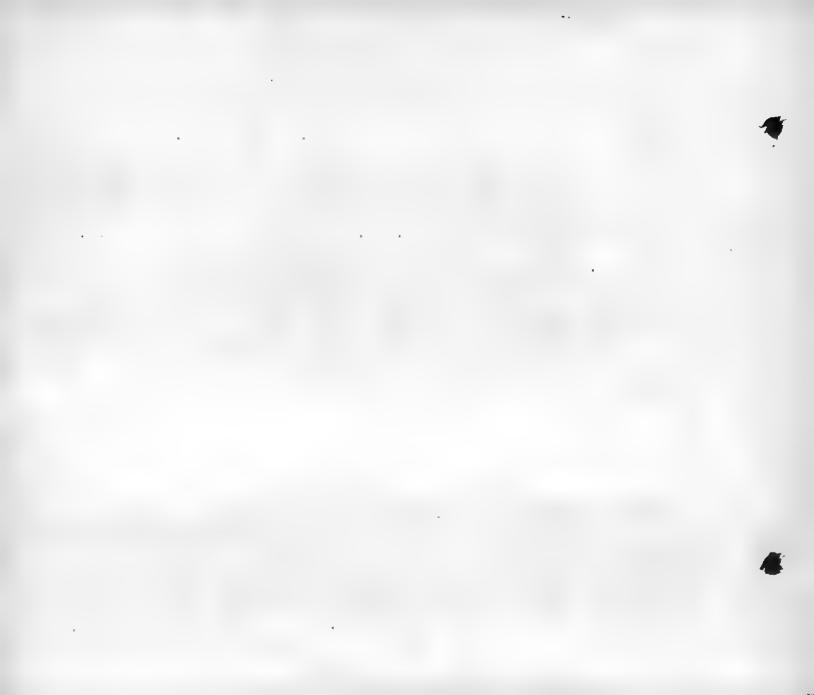
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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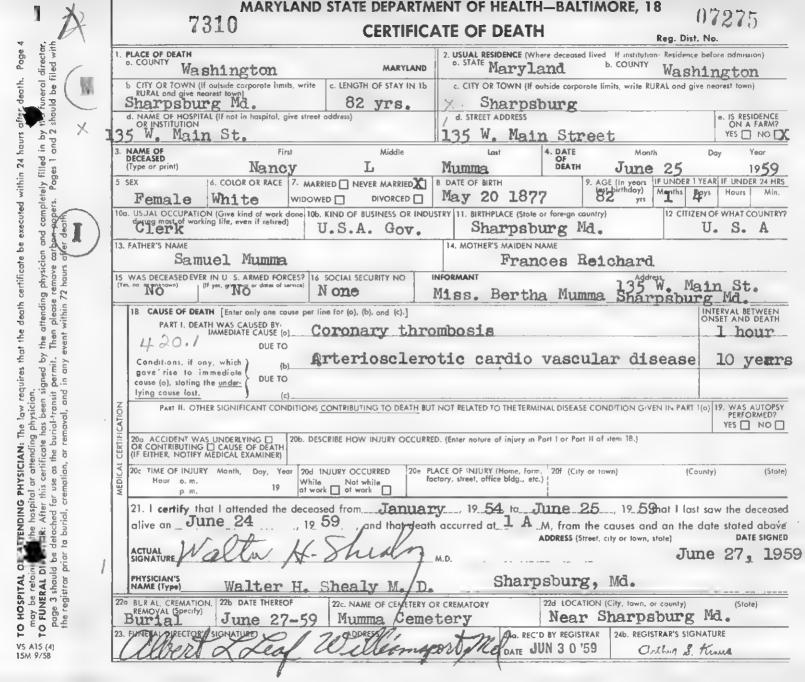
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





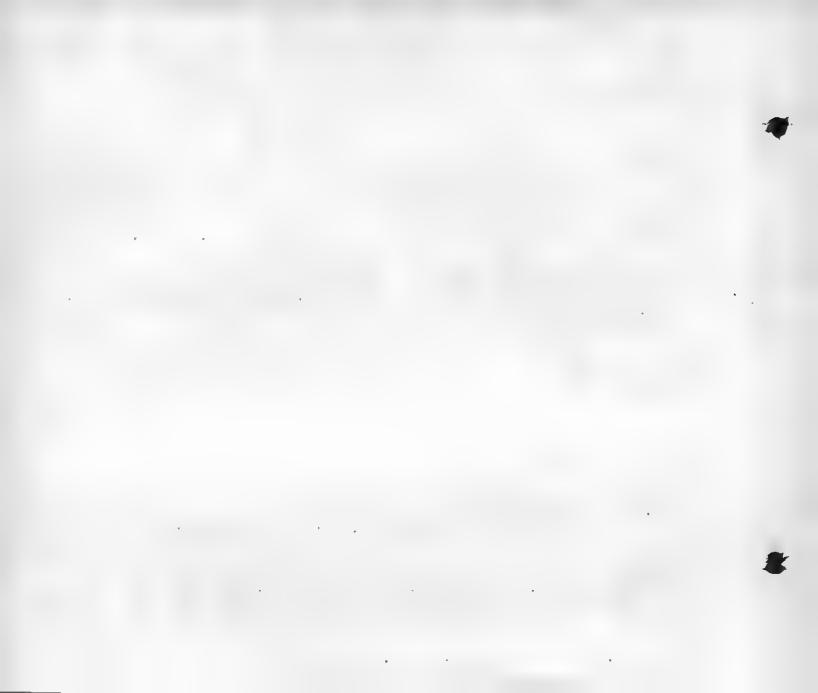
| 1 | 7268 CERTIFICATE OF DEATH Reg. Dist. No. |
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| Page 4 | PLACE OF DEATH COUNTY Washington ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY Washington |
| death. | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Hagerstown C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Hagerstown |
| by the | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Western Maryland State Hospital d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) |
| n 24 ha Filled in ges 1 an | NAME OF DECEASED (Type or print) THOMAS HOWARD Models Moulden 1954 |
| pletely preservence | Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) F UNDER 1 YEAR IF UNDER 24 HR 1 1 1 1 1 1 1 1 1 |
| and cam | Our SUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) Dynamiter Construction Rappahannock Co.Va. USA 3. FATHER'S NAME |
| sicion sicion ras carb | Mauncher Moulden Jane (Last name unknown) |
| h certifi ling phy se rema 72 hau | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No 214-09-4881 DI Miss Hazel Moulden 23 High St. Hagerstown, Md. |
| quires that the deat igned by the attend permit. Then plea I in any event within | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under. DUE TO |
| The law rei g physician s has been s virial-transit emaval, and | String cause lost. (c) |
| PHYSICIAN: Il ar attendir is certificate use as the b imation, ar r | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year Hour a.m. 19 200 PLACE OF INJURY (Home, farm, 20f (City or tawn) (State of the control of the con |
| ATTENDING IN THE MAN T | 21. I certify that I attended the deceased from MAY 22 , 1959, to JUNE 5 , 1959, that I last saw the decease alive an JUNE 5 , 1959, and that death occurred at 1230 M, from the causes and an the date stated above ADDRESS (Street city or lown, state) ACTUAL SIGNATURE LIMONING FOR REAL SIGNATURE LIMONING AVE 6-5-59 |
| PITAL e retair ERAL D 3 shauld gistrar p | PHYSICIAN'S EVARISTO R. LANdizabah Hagenstown, 4d |
| O HOS may by O FUNI page 2 | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6/8/59 Rest Haven Cemetery Hagerstown Md. 3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| VS A15 (4) 15M 9/58 | Rest Haven Funeral Chapel Inc. Hagerstown, Md. 246. REGISTRAR 246. REGISTRAR'S SIGNATURE DATEJUN 8 '59 Onling 8. Kinns |

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07276 7269 CERTIFICATE OF DEATH Reg. Dist. No. 302 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Washington Washington CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest lown) RURAL and give nearest town) Boonsboro R # 4 Hrs Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OF INSTITUTION
Wash. County Hospital d. STREET ADDRESS IS RESIDENCE ON A FARM? Manor Road YES NO TK NAME OF DECEASED 4. DATE First Middle Last Month Yeor Unnamed Baby Birl DEATH June 10 1959 (Type or print) Nave 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) Doys Hours Female DIVORCED T June 10 1959 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Infant USA Hagerstown Wash. None Co Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isabelle Younkins Charles LeRoy Nave 17 INFORMANT 16. SOCIAL SECURITY NO Address None Charles L. Nave Boonsboro Md R # pieose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ydrocephalus DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? 0 11-6 YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) lactory, street, affice bldg., etc.) Haur a.m. Nat while at wark at work 6 -10 1959, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 4. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Samuel F. Waddill, M. D, 115 King St. Hagerstown, Md 220 BUR AL, CREMATION, 226. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Wash Co Md 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUN 1 1 '59 ariling & Krous Coffman Hagerstown Md.



Rea. Dist. No.

| L. | the state of the s | | | | | | | | | |
|----|--|--|--------------------------------------|--|--|--|--|--|--|--|
| | PLACE OF DEATH CONSISTENCY MARYLAND MARYLAND | 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence be a. STATE MATYLAND b. COUNTY WAS 11 | | | | | | | | |
| | b CITY OR TOWN (If auside carporate limits, write RUFA, and give neprest town) 12 years | Y OR TOWN (If autside carporate limits, write for STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and grant and gra | | | | | | | | |
| 1 | d. NAME OF HOSPITAL (If not in hospital, give street address) Martin Manor Nursing Home | d. STREET ADDRESS 213 High St | IS RESIDENCE ON A FARMS YES NO | | | | | | | |
| | NAME OF DECEASED (Type or print) Rama Blanche Ni | emyer 4. Date Month OF DEATH June 17 | Day Year 1959 | | | | | | | |
| | TO 10 10 10 10 10 10 10 10 10 10 10 10 10 | lost birthday) Manths Da | | | | | | | | |
| | | Sharpsburg Md. | OF WHAT COUNTRY? | | | | | | | |
| | Jacob Mose | | | | | | | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.] | NFORMANT Address | | | | | | | | |
| | PART I. DEATH WAS CAUSED BY. H-43 X IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c) | - Withus | 1 yr. | | | | | | | |
| | CATIC | | PERFORMED? YES NO | | | | | | | |
| | ₹ (5) T(1) C(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | ACE OF INJURY (Hame farm, 20f. (City or lawn) (Caur clary, street, affice bldg., etc.) | nty) (State | | | | | | | |
| | 21. I certify that lottended the deceased from May a alive on 1919, 1919, and that death actual signature | The process of the pr | | | | | | | | |
| | PHYSICIAN'S Phillip J. Hirshman | Hagerstown Md, | | | | | | | | |
| | 220 BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY O | | (Stote) | | | | | | | |
| | | m 16d | | | | | | | | |

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs affer death. Page 4 The haspital ar ottending physician.

OR: After this cert ficate has been signed by the attending physician and completely filled in by the largest fact as as the burial-transit permit. Then please remove safforn papers. Pages I and 2 ships the complete states are as the burial-transit permit. moy be retained the haspital or ottending physician.

TO FUNERAL Differ OR: After this cert ficate has been signed by page 3 shaud be detached for use as the burial-transit permit.

the registrar prior ta bursal, cremotian, or removal, and in any event within 72 hours

meral director,

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VS A15 (4) 15M 9/58



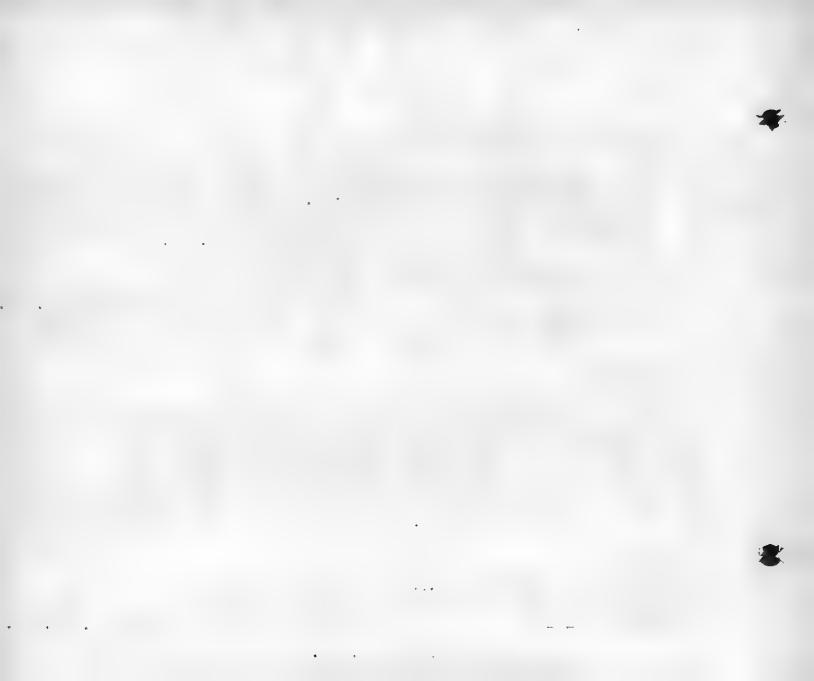
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7311

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07278

| | | | | | | | | Reg. Dis | st. No. | |
|---|---|-------------|---|--------------|--|------------------------|---|----------------|-----------------|-------------------------------|
| PLACE OF DEATH | Washingt | on | MARYLAN | - 11 | o. STATE WOST | Where decear Virgin | ed lived. If instit nia ь. count | ution: Resider | nce before ad- | nission) |
| and give nearest lown | t outside corporate hands, write pherstown | e RURAL | c. LENGTH OF STAY IN 1 | b | c. CITY OR TOWN (III | | oorate limits, write | RURAL and | give nearest (| own) |
| | AL OR INSTITUTION River Bridge | | pital, give street address) pherdstown | | d. street Address 224 Boyd | Stree | t | | 10 | RESIDENCE N A FARM? |
| 3. NAME OF -DECEASED (Type or print) | fir Jam | | Middle Curtis | 0 | lait WONS | 4. DATE OF DEATH | June | | Day | Year 19 59 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRI | ED NEVER MARRIED D | No | ATE OF BIATH | 48 | 9. AGE (In years lost birthday) 10 yrs. | Months C | YEAR IF UN | DER 24 HRS. Min. |
| dering most of warking by the dering most of warking the dering | ON (Give kind of wark on life, even if retired) | done 105. I | Student | JSTRY | Martins | | ** | 12. CITIZ | UBA | T COUNTRY |
| 13. FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN I | | | | | |
| William | n Clark O | wens | | | Audi | rey R | isban | | | |
| 15. WAS DECEASED EV (Yes, no, or unknown) | ER IN U. S. ARMED FO (If yes, give wer or dozes of NO | | social security No. 17 | | MANT Llliam Cla | ark O | Address | 24 Bo | yd St | w. v |
| OF 10 | diate cause DUE TO (c) | DITIONS CC | ONTRIBUTING TO DEATH BU | IT NOT | | | | VEN IN PART | | S AUTOPSY ORMED? NO [3] |
| | MIKIBUHAG LI | Dre | e how injury occurred owned while s | win | ming in Pot | tomac 1 | River | | | |
| 20c. TIME OF INJUING HOUR XXX. | NY Month, Day, Yes | William | INJURY OCCURRED 200, 9 Not white find of work | tACE octory, | OF INJURY (Home, form, street, office bldg., etc., VOT | Rura | or town) 1- Sheph | (Cour | nty) wn-Wasi | (State) h Md |
| | hat I took charge | of the i | remains described a | bove | , held an Autops | у 🔲 , Іг | spection 🗶 | , Inquiry | / [], and | |
| ACTUAL SIGNATURE | 8. 17 olie | 7 | Wells | h | A.D. CHIEF MEDICAL EX | KAMINER [] | | | DATE | SIGNED |
| EXAMINER'S NAME (Type) | S. Robe | rt We | lls, M.D. | | ASSISTANT MEDICAL | | | 7-1 | - 59 | |
| 220. BURIAL, CREMATIC REMOVAL (Specify) Burial | 7-3-19 | | Falling Wa | | rs Presby | teria | 2022 | celey | | W. Va |
| 23. FUNERAL DIRECTOR | . 4 / 1 | a s M | artins burg. | W | | D BY REGIST | | ISTRAR'S SIGI | _ | |

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY 5 COUNTY Washington MARYLAND Marvland Washington b. CITY OR TOWN (If outside corporate I m 2s, write RUFAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 2 vears Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENT E ON A FACAS 408 W. Washington Street 408 W. Washington St. YES NO DE NAME OF 4. DATE Middle DECEASED CLINTON PRICE FREDERICK June (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS lost birthday) February 13. 1880 Months Hours Davs male white WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? W.S.A. Pipe supply Co. Camada Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unkaown unkaowi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) unknowa no 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c),] INTERVAL DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic myocardial heart disease IMMEDIATE CAUSE (o) with myocardial failure grade iv; DHE TO Conditions, if ony, which Emphysema gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDIT ONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? None 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE MOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Doy, Year None

None

of work at work

20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) none

120f (City or lown)

21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection .

(County) (Stole)

ACTUAL

EXAMINER'S

NAME (Type)

S. Robert Wells S. Robert Wells, M.D.

opinian death resulted fram: Natural causes 🕱, Accident 🗍, Suicide 🧻, Hamicide 🗍, Undetermined manner

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Inquiry |

Cremation

220 BURIAL CREMATION 22b. DATE THEREOF REMOVAL (Spe ify)

22r NAME OF CEMETERY OR CREMATORY Sedar Hill Cemetery

22d. LOCATION (City, town, or county)

Washington .

(Stote)

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home

Hagerstown. Maryland DATEJUN

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME 586 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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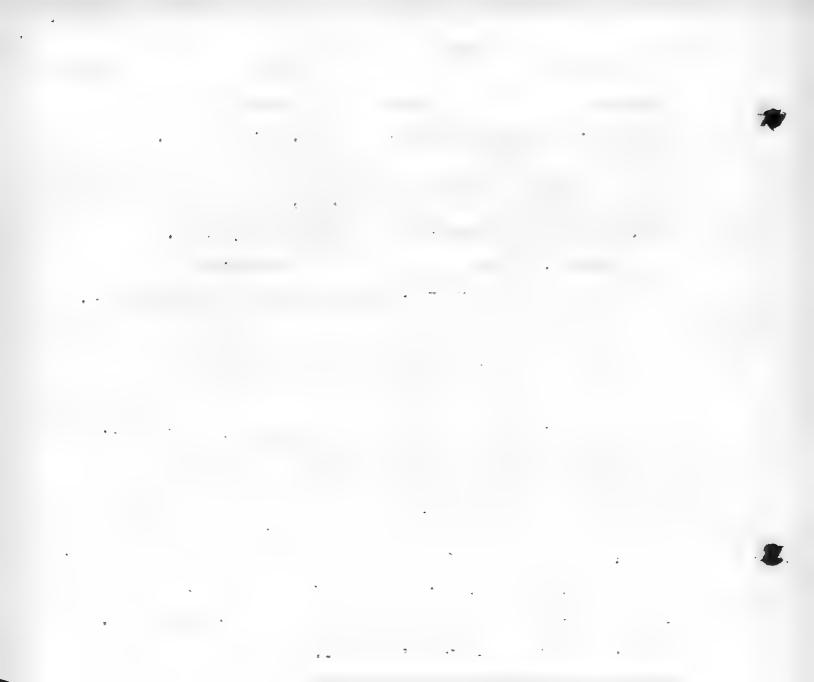
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FUNERAL

17284



death.



Rose Hill Cemetery

Son, Hagerstown, Md

ADDRESS

Hagerstovn, Md.

246 REGISTRAR S SIGNATURE

arthur & Kraus

240 REC'D BY REGISTRAR

VS A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE



7276 07287 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON uneral b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest Jown) 핃 50YRS. HAGLRSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 101 L ANTILTAM ST. 101 L. ANTIETAM ST. YES NO TH 3. NAME OF First Middle 4. DATE Lost Month Yeor DECEASED OF DEATH BERTHA ALICE ROHREE JUNE (Type or print) 19 59 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED TV DIVORCED | 14/1879 80 papers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. HOUSEWIFE HOME MARYLAND Pou 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN H. YOUNG HENRIETTA COFFMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Addres G NONE HOWARD NO 18 CAUSE OF DEATH [Enter only one couse per INTERVAL RETWEEN ONSE (A) DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY PERFORMED? YES NO SE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg, etc. Hour o. m. While Not while at work 🗍 of work 21. I certify that I afterded the deceased from a 19____that I last saw the deceased alive on M. from the causes and on the date states above. and that/death becurred a ADDRESS (Street, city or towy, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREO 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specity) HAGERSTOWN 6/4/59 BASE HILL. 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE JUN 5 arthur S. Hinns 15M 9/55







VS A15 (4) 1SM 9/55

| | 727 | MARYI | AND | STATE DEPA | lmG2 | 45 5-] | 5-79 e | t | TIMORE, 1 | 8 | n' | 729 | n |
|---------------|--|--|----------------|--------------------------|---------|--------------------|--------------------------------------|------------------------|---|---|-----------|--------------------------|------------|
| | £ 7.7 (| 3 | | CERT | IFIC. | ATE O | PDEATH | 1 | | Reg. D | ist. No. | 7/ | 3 2 |
| | COUNTY Washingte | on | | MAR | YLAND | 2. USUAL o STAT | residence (wi | iera decease | d lived. If institution bracounty | | | re odmis | ion) |
| | b. CITY OR TOWN (IF RURAL and give nea Hagers | putside corporate limi rest lown) town | | LENGTH OF STATE | r IN 16 | E. CITY | · | | wn R # | URAL ond | give nec | prest low | (1 |
| | d. NAME OF HOSPITA OR INSTITUTION TOTAL SIN. COI | unty Hospital, g | | | | 11 / | et address aggold | | | | | ON A | FARM? |
| | NAME OF DECEASED (Type or print) | LENA | | RUSH | | SACHS | tast | 4. DATE OF DEATH | o unc | 8 19 | 59 | | Year 19 |
| | Fenale | 6. COLOR OR RACE White | WIDOW | ED KK DIVORC | ED 🗍 | B. DATE OF | 11 18' | | 9. AGE (In years lost birthdoy) 79 yrs. | Months | Days | Hours | Min. |
| | Housewi: | ng life even if retired | lone 10b. | Own Ho | | Ber | rne S | witze | rland | 12. CI | US US | | COUNTRY |
| 13. | John | Rush | | | | | Anna I | | | | | | |
| 15. (Ya | NO DECEASED EVER | IN U.S. ARMED FOR | | None | _ | MIS ME | ary Ze | llo H | agersto | _ | id R | # | 5 |
| | PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Co. cural hemorrhage | | | | | | | | ONS | INTERVAL BETWEEN ONSET AND DEATH 4 3 ys | | | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last. DUE TO Generalized antersclerosis 5 yrs. (c) | | | | | | | | | | S. | | |
| CERTIFICATION | PARE III. OTHI | ER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO D | EATH BU | T NOT RELATE | D TO THE TERM | INAL DISEAS | E CONDITION GIV | EN IN PA | RT 1(0) 1 | 9. WAS PERFO YES [| IRMED? |
| | 20g ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A | UNDERLYING UD CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY | OCCURR | ED. (Enter not | ure of injury in | Part Lor Par | t II of item 18.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Yes | While of wo | | 20e. P | LACE OF INJU | JRY (Home, farm office bldg., etc |) | , , , , , , , , , , , , , , , , , , , | | (County) | | (Stote) |
| | 21. I certify the alive an | ot 1 attended the -7-59 | | sed from 5-1 and that | | h occurred | ot 7:170 | ADDRESS (S | | and on | | te stati | |
| | PHYSICIAN'S NAME (Type) | _Charles | F | H ad | 17. | | | | | | | | da de |
| | BURIAL CREMATION REMOVAL (Specify) BUT 12.1 | 6/2/59 | F | Adolph | | | , A | iolph | TION (City, Iown, Rendo) | nh C | o W | (Sto | (e) |
| 23. | FUNERAL DIRECTOR'S | SIGNATORE | | ADDRESS " | | | 24g REC | D BY REGIST | TRAR 246 REGI | STRAR'S S | IGNATU | RE | |

Andrew K. Coffman Hagerstown Md.

Cirling S. Frank

DATE JUN 1 1 '59





| 1 | 7281 MARYLAND STATE DEPARTME | NT OF HEALTH—BALTIMORE, 18 |
|--|--|--|
| | CERTIFICA: | TE OF DEATH Reg. Dist. No. |
| 6 Ty (M) | n. COUNTY | USUAL RESIDENCE (Where deceased lived 1f institution. Residence before admission) o. STATE b. COUNTY |
| 2 70 | b CITY OR TOWN (If outside corporals limits, write c LENGTH OF STAY IN 1b | MARYLAND WASHINGTON |
| E PE E | RURAL and give nearest town) | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| Should | d NAME OF HOSPITAL (If not in haspital, give street address) | /d STREET ADDRESS e. IS RESIDENCE |
| d 2 d | MASH CO. HOSPITUE | HACERSTOWN MD. R.3 PARMY |
| 4 ha | 3 NAME OF First Middle DECEASED | Lost 4. DATE Manth Day Year |
| hin 2 ages | | DATE OF BIRTH P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS |
| y wit | FEMALE MINITE WIDOWED DIVORCED ! | loss birthday) Manths Days Haurs Min. |
| camp paper | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired) | |
| and on poop | NAME | HAGERSTOVYN MD. U.S.A. |
| T 555 A / | 13. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME |
| physici physici phours | | ORMANT Address |
| 6 2 Z | (Yes no, or unknown) (If yes, give wor or dates of service) NONE | NNETH SHANHOLTZ HAGERSTOWN MD.R |
| death trendir please vithin | 18. CAUSE OF DEATH [Enter only and couse per lims for (a), (b), and (c).] | INTERVAL PETALERAL |
| the at hen just went w | filtro | Marine Membrine Onset and DEATH 24h. |
| that by the r. T y evr | Conditions, if any, which | 2 |
| ned pred permin an | gave rise to immediate couse (a), stoting the under DUE TO | |
| requiant. In sign and and | lying causa last. (c) | |
| hysic s bees vol. | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE AND ACCIDENT WAS UNDERLYING TO BE ACCIDENT WAS UNDERLYING TO B | PERFORMED? |
| The ng b point poi | 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. | (Enter nature of injury in Part I or Part II of item 18.) |
| IAN fical fical fical the | | |
| YSIC ort of cert of ation | a Hour a m. While Not while tacto | E OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.) |
| d PH sital or us crem | | |
| hosp After hed f | 21 I certify that I attended the deceased fram | poccurred at Z=PM, from the causes and an the date stated above |
| TTEN The OR: o bu | alive an 19.37, and that death a | ADDRESS (Street, city or town, state) DATE SIGNED |
| A Paris | SIGNATURE M. | 0. 101 Kg Stut |
| TAL C retains AL Di hould hould rrar pi | PHYSICIAN'S RICC Ared A Cloung | Hearland, Ad. |
| HOSPI oy be r FUNER age 3 s e regist | 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETER OR (| CREMATORY 27d LOCATION (City, town, or county) (Stote) |
| may Dage the re | | EL CEMETER BEAVER CREEK WASHICO MID |
| VS A15 (4) | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| 15M 10/57 | John M. Brut DOONSBORO D | (1) DATE JUN 8 '59 CT |



7282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

07293

| | | | | | | | | | N | keg. Dist. | IVO. | |
|--|---|--|---------------|---------------------|-----------|-------------------|--------------|--------------------|--------------------------------|-------------|--------------------|------------------------|
| | PLACE OF DEATH | | | | - 11 | 2. USUAL RESID | ENCE (When | • deceased lived | . If institutions b. COUNTY | Residence | before adm | Ission) |
| | | ngton | | MARYL | AND | W .T | land | | | hing | ton | |
| 1 | b. CITY OR TOWN (I RURAL and give no | f outside corporate limi | ts, write | c. LENGTH OF STAY I | N 16 | e. CITY OR TO | DWN (If out | side corporole li | mits, write RUR | Al and give | nearest to | wn) |
| | Hagersto | · · | | 1 Hr. | | Hage | rsto | wn | | | | |
| | | AL (If not in hospital, g | ive street i | | | d. STREET AD | | | | | e IS R | ESIDENCE A FARM? |
| | Wash. Co | unty Hos | pita | 1 | | 112 | West | Frank | lin St | | | NO |
| | NAME OF DECEASED (Type or print) | DEBORAH | st | Middle JEAN | 6 | HANK | 1 | OF DEATH T | Month | 3.050 | Doy | Year |
| 5. : | SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIE | | DATE OF BIRTH | | | E (In veora IIF | 1959 | FEAR IF UN | |
| R | emale | White | WIDOWE | | | June 1 | 1959 | | E (In years IF I birthday) | Months Do | oys Hour | Min. 35 |
| | . USUAL OCCUPATION | N (Give kind of work | done 10b. | KIND OF BUSINESS OF | | | | | | 12. CITIZE | N OF WH/ | AT COUNTRY |
| | during most of work | ing life, even if retired |) [| Infant | | | · | | | | TICA | |
| 3. | NONE | | 1 - | r III ce II i | | 14 MOTHER'S | rstor | | h. Co | å . | USA | |
| | | Ihoma le Tes | | | | | | | T | | | |
| 4 | | henk Jr. | CES2 16 | SOCIAL SECURITY NO | 17 INF | Robe | I USL I | Cllen H | Address | | | |
| {Ye | s. No, or unknown) | (If yes, give war or dates of s | ervice) | ** | | | TT | | | | 1.4. | Oh. |
| - | No | | - | None | MIT | s. Mar | y Hor | 186 TT | 3 W. F | | | 3 |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: | | | | | | | | | | INTERVAL I | | |
| | IMMEDIATE CAUSE (0) CAUSE CAUSE 13 | | | | | | | | | 3 2 | Huiu | |
| 1/62.5 DUE TO | | | | | | | | | | | | |
| | Conditions, if ony, which (b) Yewaterily gave rise to immediate | | | | | | | | | | | |
| | couse (o), stoting the <u>under-</u> | | | | | | | | | | | |
| 7 | lying couse lost. |) (c | | | | | | | | | | |
| ñ. | PART II. OTH | A / | DITIONS C | ONTRIBUTING TO DEA | TH BUT N | OT RELATED TO | THE TERMIN | AL DISEASE CON | IDITION GIVEN | I IN PART 1 | o) 19. WAS PERF | S AUTOPSY ORMED? |
| Š | | 100 ne | | | | | | | | | YES | Х ио 🗆 |
| CERTIFICATION | 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY OC | CURRED | (Enter nature of | injury in Po | rt I ar Port II of | item 18.) | | | |
| MEDICAL | 20c. TIME OF INJUR | Y Month, Day, Ye | | | 20e. PLAC | E OF INJURY (H | ome, form, | 20f. (City or to | wn) | (Cou | inly) | (State) |
| MED | Hour o.m. | 19 | While of work | Not while | 10010 | 7, alleen, Oilice | orog., erc.j | | | | | |
| | | at_l attended the | decens | ed from JUN | E 1 | 19.59 | 10 1 | UNEL | 1059 | that I la | t con th | docecte |
| | alive an | June | 10 | 5-9 and that | | | 743 4 | M, from the | (7-2-4-1 | d on 15- | alasta ata | ted elections |
| | dilve vii | 0 | : 12 -/- | ranga, una mar | ucum C | CCOLLEG GI_ | | DDRESS (Street, c | | | | rea abay DATE SIGNE |
| | ACTUAL | 0 | 4. | 11-200 | | . 11 | 5 N | 1: 57 | - Han | - | | 1-1 |
| | SIGNATURE | | - 1 | 0000 | M. | D | .2(. | ura Ci | | | - | |
| | PHYSICIAN'S NAME (Type) | Samuel | F. | Wadd | ill | 11 | 5 K | ing " | st. H | 9475 | town | _ |
| 22c | BURIAL, CREMATIO | N, 226. DATE THEREC |)F | 22c. NAME OF CEME | TERY OF | REMATORY | | 2d. LOCATION | City, town, or 4 | | | ote) |
| - | REMOVAL (Specify) | 6/2/59 | | Rose Hi | | emeter | 1 | | | | - ' | Me |
| _ | FUNERAL DIRECTOR | | | ADDRESS | 11 (| 1 | | BY REGISTRAR | 24b. REGISTR | | ATURE | 464 |
| Δ | ndrew K. | Coffuan | | Hagersto | term h | | DATE JUN | | | hun 8. + | | |
| 64 | TYPE AL TYPE | | | TOROTORU | TATE TO | 440 | PHILL PLAN | | - Course | | A SAMA | |

TO HOSHITAL OR



7283 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07294

Reg. Dist. No.

|) [| 1, 1 | PLACE OF DEATH | | | | 2. USUAL RESIDENCE | | sed lived. If institu | tion: Residence b | efore admission) |
|---------------------|---|--|-----------------------------|------------------|-----------------------------|------------------------------|--|---------------------------------|-------------------|-------------------------------|
| | • | washi n | rton | | MARYLAND | a. STAlaryl | and | b. COUNT | Washi | neten |
| | Ł | o. CITY OR TOWN (If and give negreet lown) | outside corporate limits, s | write RURAL | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | | porate limits, write | RURAL and give | negrest town) |
| | | Eagerst | wn. Mar | yland | Syrs | Kagers | tewn. | Marylar | าต้ | |
| ì | - | . NAME OF HOSPITA | L OR INSTITUTION | (If not in hosp | pital, give street address) | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? |
| . [| 1 | Washi net | on Count | y Nos | nital | 450 Par | k Plac | e. | | YES NO |
| Ī | 3. | NAME OF DECEASED | | First | Middle | Lost | 4. DATE | Monti | Den | y Year |
| | | (Type or print) Ri | chard | | Wallace | Shedd | OF DEATH | June | 27 | 19 59 |
| | 5. 9 | SEX | 6. COLOR OR RAC | E 7. MARRIE | DE NEVER MARRIED | B. DATE OF BIRTH | | 9, AGE [In years lost birthday] | IF UNDER TYEAR | |
| - [| | Male | Colored | WIDOWED | DIVORCED [| Teb 12 19: | 33 | 26 yrs. | Months Days | Hours Min. |
| Ī | 10a | . USUAL OCCUPATIO | N (Give kind of wor | rk dane 10b, K | IND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (Sto | te or fareign (| country) | 12. CITIZEN C | OF WHAT COUNTRY? |
| -1 | | Laberer | I IN II, EVENT II TOURE | " | | Sewan. | Te nnes | see | u | SA. |
| 1 | 13. | FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | | | | |
| | | George | Shedd | | | Massie | Marbu | rv | | |
| - 1 | 15. | WAS DECEASED EVE | | FORCES? 16. S | SOCIAL SECURITY NO. 17. | NFORMANT | | Address | | |
| | 7 | | verld Wa | r-2 40 | 8-48-5458 1 | Paylis: 5ke | dd 45 | 0 Park | Place | |
| Ī | | 18. CAUSE OF DEAT | H Enter anly one | cause per line f | | | | | INT | ERVAL BETWEEN |
| | | | WAS CAUSED BY | | Hamman Rom | A | | | ON | SET AND DEATH |
| IMMEDIATE CAUSE (c) | | | | | | | | | | ~ |
| | Canditions, if any, which) to Bullet allowed of neck haven low, my 20 min | | | | | | | | | 20 munt |
| | | gave rise to immed | ate cause | 0 | -1 -1 | 12 | - | 7 1 | // | |
| | | (o), stating the u | nderlying | (c) C | rento in | large V | esal | · Ffred | the ! | |
| | Z | PART II. OTH | ER SIGNIFICANT CO | ONDITIONS CO | NTRIBUTING TO DEATH BUT | NOT RELATED TO THE TER | MINALDISEAS | E CONDITION GIV | EN IN PART 1(o) | 19. WAS AUTOPSY |
| | CERTIFICATION | | | | | | | | | PERFORMED? |
| | TEK | 20g. EXTERNAL CAUPRIMARY DO CONCAUSE OF DEATH. | SE WAS | 206. DESCRIBE | HOW INJURY OCCURRED. | Enter nature of injury in Pr | ort I or Part It | of step 13.) | | |
| | E | CAUSE OF DEATH. | IKIBUTING L | lu | cidalelle | of har | y m | sle | | |
| | 3 | 20c. TIME OF INJUR | Y Month, Day, | Year 20d. II | NJURY OCCURRED 20/CFL | CE OF INJURY (Home, to | rm, 20f. (City | or town) | (County) | (State) |
| | MEDICAL | Par 50 p. m. | 6-27 | 959 While | | lary, street, office bldg. | (c.) | CA/ca | linetin | - mad |
| | | | of I took chore | | emoins described abo | ove, held on Auton | 6 A 1 | nspection . | Mauiry [| l. and find that |
| | | 1 | | |], Accident ZI-Su | | | ndetermined o | '' l= | j, viid 11110 11101 |
| | | | 1 | _ | X | | L., V | | | |
| | | ACTUAL | 1 Mi) | Del | 0 2 | CHIEF MEDICAL | EXAMINER [| | // | DATE SIGNED |
| 2 | i | SIGNATURE | | | | M.D. CHIEF MEDICAL | | R 🗇 | 6/54 | / |
| | | EXAMINER'S NAME (Type) | - F 11 | 17. | 770 50 | DEPUTY MEDICA | | _ | 1211 | 259 |
| ŀ | 220 | BURIAL CREMATION | 1, 22b. DATE THER | EOF | 22c. NAME OF PEMETERY OF | | | TION (City, tawn, o | or county) | (Stote) |
| | B | REMOVAL (Specify) | 7-1-19 | | _ // | emetery | The State of | rstewn | | |
| | 23. | FUNERAL DIRECTOR'S | | A | ADDRESS | | C'D SY REGIST | | STRAR'S SIGNATE | |
| | F | of RIV | otom a | n Hoo | contract m | DATE . | IIII 6 ' | 59 | ** 0 1- | |
| Ŀ | 4 | | Market 1 | | | Total Control | 777 0 | | Thung of the | |

VS. A15ME(5) 5M 9/55



CEMETERY

240 REC'D BY REGISTRAR

'59

24b. REGISTRAR'S SIGNATURE

Criting & House

ADDRESS

OONSBARA

VS A15 (4) 15M 10/57

P

EUNERAL DIRECTOR'S SIGNATURE

death.

2

Page

papes



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07296 Reg. Dist. No.

| 1 | 7284 | CERTIFICATE OF DEATH | | | | |
|---|--|------------------------|--|--|--|--|
| | 1 PLACE OF DEATH O. COUNTY Washington | MARYLAND | 2 USUAL RESIDENCE (Where deceased lived o STATE Md | | | |
| | h CITY OF TOWN (If outside corporate limits, write | C LENGTH OF STAY IN 15 | c CITY OR TOWN (If putride corporate ly | | | |

| 1 | PLACE OF DEATH | Washington | MARYI | AND | - CTATE | E (Where deceased live | d If institutions b. COUNTY | 1015 TO | rick | on) |
|---------------|---|--|--|----------|--|-------------------------|---------------------------------------|----------------------------|------------|------------------------|
| | b. CITY OR TOWN (III RURAL and give ne Hager | f outside corporate limits, we corest town) S COWN | c. LENGTH OF STAY I | N 16 | _ | cky Rid | | AL and give ne | arest town |) |
| | | AL (If not in hospital, give st | | | d. STREET ADDRE | -5S | · · · · · · · · · · · · · · · · · · · | | | PARM? |
| 3. | NAME OF DECEASED (Type or print) | 1 Ay for | EMANUE! | SI | BAINER | 4. DATE OF DEATH | Month | 30 | * | rear 19 <i>59</i> |
| S | Male | 9 99 B A | MARRIED NEVER MARRIE | | | 1885 | | Wonths Days | Hours | R 24 HRS Min |
| 10 | o. USUAL OCCUPATIOn during most of work Laborer | N (Give kind of work done ing life, even if retired) | on Farms | RINDUSTI | Frede | | y) | 12. CITIZEN O | | OUNTRY? |
| 13. | FATHER'S NAME | | | I | 14. MOTHER'S MAIL | | | | | |
| | Joseph | Shriner | | | Laur | a Eyle: | r | | | |
| 15 | | R IN U.S. ARMED FORCES? If yes, give wor or dates of service) | 16. SOCIAL SECURITY NO | | ORMANT | | Addres | | | 3.075 |
| Ĺ | no | | no | Mr | s Elsie | Wastler | Th | armont | • | MD |
| | 18 CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost, (c) | | | | | | | | | |
| CERTIFICATION | 20a ACCIDENT WA | CORONAR | PASCRIBE HOW INJURY OF | -050 | Ċ | | | N N PART 1(o) | PERFO | AUTOPSY RMED? NO |
| MEDICAL | 20c. TIME OF INJURY Hour o m. p. m. | W | Od #NJURY OCCURRED /hile Not while t work ot work | | E OF INJURY (Home ry, street, office bldg | , form, 20f (City or to | own} | (County) | | (Stote) |
| | 21. I certify that I attended the deceased from Det G , 1958, to JUNE 36 , 1958, that I last saw the deceased alive an JONE 30 , 1959 and that death accurred at 42 FAM, from the causes and an the date stated above. ACTUAL SIGNATURE CONSTONE RANGE (Street, city or, town, state): PHYSICIAN'S EVAPORTO R. LANDROUM HA 4228 COUNTY MAME (Type) PHYSICIAN'S RAME (Type) | | | | | | | | | |
| 22 | o. BURIAL, CREMATION | N. 226 DATE THEREOF | (| | CREMATORY | | (City, town, or | county) | (State | a) |
| | Burlal | July 3.19 | | bor | Cemetery | | Ridge | MD | | |
| 23, | Raymond | E. Creager | FEL ADDRESS Thu | rmon | 1 | REC'D BY REGISTRAR | | rar's signatu m 8. Kran | | |

DATEJUL 2

cappetely filled in by 127 tuneral director, appers. Pages 1 and 2 should be filed with may be retainc. The haspital ar attending physician.

TO FUNERAL DI ... IR: After this certificate has been signed by the attending physician and page 3 should be detached far use as the burial-transit permit. Then please remave carbon the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after de

TENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after

death. Page 4

TO HOSPITAL OR VS A15 (4) 1SM 9/58

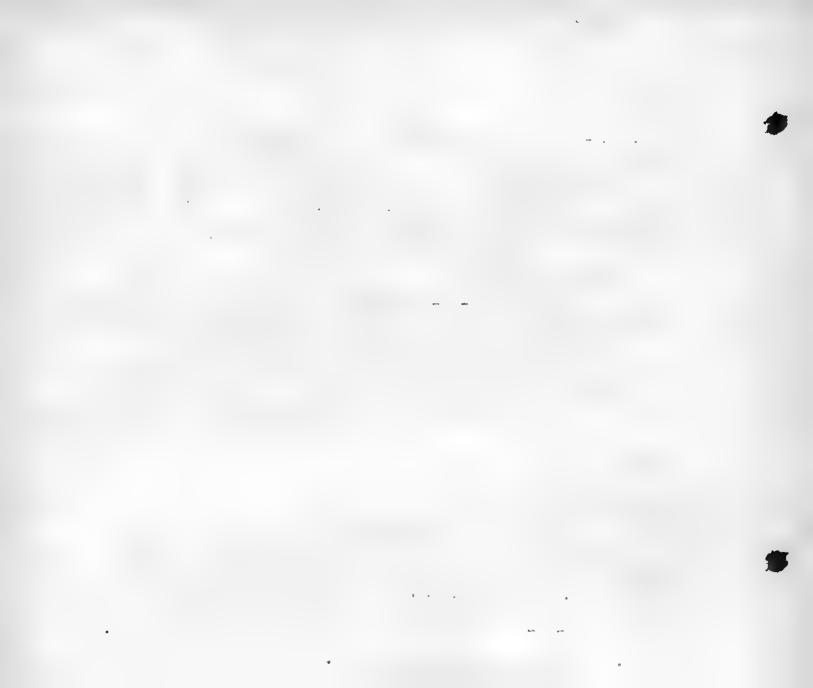


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07297

| | # F4 Q | O ME | DICA | LEAP | MAINER | . 5 CERI | IFICA | IE OF | DEATH | Reg. Dist. | No. | |
|--|--|-----------------------------|---------------|----------------|---------------|-----------------------------|---------------|---------------------------|---|-----------------|---------------|------------|
| 1. PLACE OF 6. COUNTY | DEATH (8.5) | nington | | | | 2. USUAL | Waly I | where deceased | d lived. If institu b. COUNT | vion: Residence | hing | tion) |
| b. CITY OR | TOWN (If outside negres) town | Se corporate fimits, will a | RURAL | c. LENGTH | OF STAY IN 1 | b c. CITY | OR TOWN (If | outside corpo | rate limits, write | | | |
| | zerstow | n | | | | × Ru | ıral | Hag | erstown | n | | |
| | The second second second | OR INSTITUTION (I | Frot in hosp | Moi, give si | reet address) | 4 STREE | T ADDRESS | | | | e 15 | RESIDENT S |
| I | .O.A. | -Washingt | on Cor | unty F | lospital | - F | Route | 3 | | | | N A FARM? |
| 3. NAME OF DECEASED | | Fire | f | | Middle | | raf fee | 4 DATE OF | Month | | Doy | Yeor |
| (Type or pr | rint) | Lewis | Th | omas | Shu | tters | | DEATH | June | 9 | | 19 59 |
| 5. SEX | 6. | COLOR OF RACE | 7. MARRIE | D NEVE | R MARRIED | 8. DATE OF BI | RTH | 9 | AGE (In years fait bighday) | IF UNDER TYP | | DER 24 HR |
| Male | | White | WIDOWED | | OLVORCED T | Aug 3 | , 1896 | | 62 yo | Months Da | ys Hours | Min. |
| 10a USUAL O | CCUPATION (| Give kind of work o | ione 10b. K | | | JSTRY 11 BIRTH | PLACE (Stote | _ | | 12 CITIZE | OF WHA | T COUNTR |
| | hanic | o, atan 11 tamay | Au | to $R_{f e}$ | pair | | | V1 | rginia | | | |
| 13. FATHER'S | NAME | | | | | 14. MOTHE | E'S MAIDEN E | St. Let | | | | |
| | John | n Shutt | ters | | | | | Nan | nie Th | omas | | |
| 15 WAS DEC | | U S ARMED FOI | RCES? 16 5 | SOCIAL SEC | URITY NO. 17 | INFORMANT | | | Address | | | |
| 1144 1144 1144 | ,,,, | A Brown of the state of | 04 | 3-07- | 8655 1 | Wrm Sly | rvia S | hutte | rs R | oute | 3 | |
| 18. CAUS | E OF DEATH | Enter only one cou | se per line f | or (n), (b), e | and (c) } | | *** | | | T | INTERVAL BETY | WEEN. |
| A5 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture abdominal aneursym (aortic) | | | | | | | | | | | |
| 14 | 4 / V DUE TO Vascular hypertension | | | | | | | | | | | |
| Conditio | ons, if ony, | | | - 0.00 | unar my | por donas | | | | | | |
| | to immediate | COUSE (| | | | | | | | | | |
| | (e), stoling the underlying DUE TO cause fost. | | | | | | | | | | | |
| Z PA | PART II, OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY | | | | | | | | | | | |
| PA PA 200 EXTE PRIMARY CAUSE O | Asthma PERFORMED? YES A NO | | | | | | | | | | | |
| 200 EXTE | RNAL CAUSE V | WAS 20 | b DESCRIBE | HOW INJU | RY OCCURRED | (Enter noture of | injury in For | t 1 or Part 11 o | Fitem 18) | | | |
| CAUSE O | F DEATH. | BUTING [] | | None | | | | | | | | |
| 3 20c. TIME | OF INJURY | Month, Day, Yea | 70d. II | NJURY OCC | | LACE OF INJUR | Y (Home, farm | n, 20f (City e | er town) | (County | 1) | (Stote) |
| 20c. TIME | o, m, p, m, | None 19 | While | k Dol w | A CIAIR | octory, street, off None | _ |) | _ | | - | _ |
| | | I took chorge | | | | | | v 🗍 Ins | pection X | Inquiry | | nd in m |
| | , | ulted from. I | | _ | | | | Hamicide | T the same of the | rmined ma | |] |
| Opin on | . 000111 101 | | | | , | , 50,0 | , . | 1011710100 | , Dridere | imines mu | me (| 1 |
| ACTUAL SIGNATE | JRE 51/ | Totas? | + m | epe | 4 | M D | F MEDICAL E | _ | | | DATE | SIGNED |
| EXAMIN NAME (T | ER'S | S. Robe | rt Wel | lle, M | I.D. | | | al examiner Examiner 🖪 | | 6-12-5 | 9 | |
| 22c. BURIAL | CREMATION, | 226 DATE THEREO | | | my a special | OR CREMATORY | | Toronto. | ON (City, town, | or county) | iste | ofe) |
| Buris | L (Specify) | 6-12- | | | | Cemet | erv | | erstow | T | | , |
| | DIRECTOR'S SI | | | ADDRE | | | 24a. REC* | D BY REGISTR | | STRAR'S SIGNA | ATURE | |
| Scott | F. M | innich & | k Son | Hag | gersto | wn Md. | DATE | IN 1 5 '59 | On | Thun S. A | ralle | |

VS. A1SME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07298 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution- Residence before admission) a. COUNTY **b.** COUNT MARYLAND b. CITY OR TOWN (if outside carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) EED USVILLE HAGRISSTOVIN d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS P. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle 4. DATE Yeor DECEASED DWARD (Type or print) DEATH 19.59 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years lost, birthday) Doys WIDOWED [7] DIVORCED [popers. 10d USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) KEEDUSVILLE 13. FATHER'S NAME 44 MOTHER'S MAIDEN NAME MUDIED LUCINIDA 16 SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address Of year owns were or dester of services YOUR MRS. MINNIF KEEDUSVILLE 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** hy dro he horosis Canditions, if ony, which gove rise to immediate **DUE TO** couse (b), stoling the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year 204 INJURY OCCURRED [County] (Slole) factory, street, office bldg., etc.) Hour a.m While Not while of work at wark p. m. 2 -19 59 that I last saw the deceased 21. I certify that I attended the deceased from ., and that death accurred at 2 2 M, from the causes and on the date stated above ACTUAL SIGNATURE TO SECONDARI PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) EMETERV EEDUSVILLE WASH CO. M.D. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE VS A15 (4) DATEJUN 8 Orihun & France OCNSBORA 15M 10/57





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| 1 | 果 | | 7288 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
|---|-------------------|---------|--|
| should b | 111 | I. | PLACE OF DEATH a. COUNTY Washington MARYLAND Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Penna b. COUNTY Franklin |
| Page 4 burial, | | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) and give necrest town) Lagerstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Waynesboro |
| y is acc | 01 | | d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) D.O.A Washington County Hospital d. STREET ADDRESS ON A FARM? YES IN OUT |
| ony dela uneral c your fi egistrar | | 3. | NAME OF DECEASED Marvin Elwood Stewart 0 Day Year OF DEATH June 13 19 59 |
| ined for | I) | | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Feb. 28, 1917 9. AGE (in yours lost by inhoday) 42 yrs. IF UNDER 14EAR IF UNDER 24 HRS. Months Days Hours Min. |
| firer dec ond 3 be reto | | | during most of working life, even if refired) Unemployed - Chambersburg, Pa. 12. CITIZEN OF WHAT COUNTRY? USA |
| hours of 2, 2, 5 may ages 1, c | | | David H. Stewart 14. MOTHER'S MANDEN NAME Ida M. Hill |
| thin 24 Sive Poge 3. Poge File p | | l'a | Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes (1) yes, give wor or date of service) 188-09-5085 Mrs. Catherine Stewart- 206 Wayne Ave |
| uted wi | | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Crushed chest. |
| hould be exect pencil in Item along with for | V | | Conditions, if any, which gove rise to immediate couse [o], stating the underlying couse last. |
| ding" in s Office ssed as a | ن | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X |
| This cert rd "pen caminer" uld be u | | CERT F | 20d. EXTERNAL CAUSE WAS PRIMARY 19 or CONTRIBUTING CAUSE OF DEATH. 20d. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or fort II of item 18.) Driver of auto that failed to negoitate a curve and hit a tree |
| AINER: I the worldical Exercise 3 sho | 1 | MEDICAL | |
| AL EXAM E, writing Chief Me TOR: Poo | | | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . |
| MEDIC PINEDIC | 2 | | ACTUAL SIGNATURE 5, Robert lu ella M.D. CHIEF MEDICAL EXAMINER (|
| the second | € ¹ or | | EXAMINER'S NAME (Type) S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER (Type) 6-13-59 |
| cute forward | | 22 | Burial 6-16-59 Harbaugh's Cemetery Wash. Township-Franklin Co, Pa. |
| VS. A15ME(S) 5M 9/55 | | 23 | ADDRESS ADDRES |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07360 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND Washington Marviane b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Yrs. Hansock Md. Mancock Maryland. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 70 Walain St NOMe. YES NO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) Romer Edwin Tablar DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years lost birthdoy) M WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 0 during most of working life, even if retired) Medicine Dr of Medicine Bedington W.VA. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E.S. Tabler Katherine Whitmore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Laura C Tabler 70 W.Main St. Hancock Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ? INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction 20 min IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) PERFORMED? YES NO 🗔 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while at wark at work 21. I certify that I attended the deceased from June 9 , 1959, to Lune 9 ___ 195 9, that I last saw the deceased , 19_59_, and that death occurred at ICLEPM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) 121 High Street PHYSICIAN'S NAME (Type) --- Hancock Maryland 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LÓCATION (City, town, or county) 22a BURIAL, CREMATION, REMOVAL (Specify) Mancock Washington Md. Thomas ADDRESS 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR V5 A15 (4) 15M 10/57



7317

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07301

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH | The state of the s | | Where deceased lived. If institution: | : Residence before admission) |
|-----|--|--|-------------------------------|--|-------------------------------|
| | Washington | MARYLAND | a. STATE Mary. | land b COUNTY | Washington |
| ľ | b. CITY OR TOWN (If autside carporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | f outside corporate limits, write RUR | (AL and give nearest town) |
| | RURAL and give nearest town) Williamsport | 81 yrs. | × Wil: | liamsport | |
| ŀ | A MANS OF HOSPITAL III and in hospital mine about | uddress) | d. STREET ADDRESS | | e. IS RESIDENCE |
| | 27 E. Potomac Street | | / 27 E. | Potomac Street | ON A FARM? YES NOTE |
| ŀ | 3. NAME OF First | Middle | Last | 4. DATE Month | Day Yeor |
| | DECEASED | Jackson | Taylor | OF DEATH Jone | 11 1959 |
| ŀ | " <u>"</u> " | 4.4 | 8. DATE OF BIRTH | | FUNDER 1 YEAR IF UNDER 24 HRS |
| | | | | last birthdoy) | Months Days Hours Min. |
| - | | | | 1867 91 yrs. | 7 25 |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | _ | 1 | | 12. CITIZEN OF WHAT COUNTRY? |
| | | otel | | sport Md. | U.S.A |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | |
| | William Jackson T | aylor | Christi | e Ann Newcomer | r |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S (Yes, no, or unknown) (If yes, give war or dates of service) 9,1 | | NFORMANT | Addres | \$ |
| | No Bo | lone Mr | . Robert T | aylor William | sport Md RFD 1 |
| | 18. CAUSE OF DEATH [Enter only one couse perfin | e for (o), (b) and (c)] | 10 | 7 , | INTERVAL BETWEEN |
| | PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) | and augh | 01 46 nn | 11 Masis | ONSET AND DEATH |
| | 1420. | 0 1000 41 | 9 | ac 10 months | 1009 |
| | Conditions if any which | | / | | 1 |
| | gave rise to immediate | | | | 4 |
| | couse (a), stating the under- | 4 | | | |
| - | | ONTRIBUTING TO DEATH RUT | NOT RELATED TO THE TER | MINAL DISEASE CONDITION GIVES | N IN PART 1(a) 19 WAS ALTOPSY |
| | OIL | OTTAINED INTO TO DESCRIPTION | | | PERFORMED? |
| | 200. ACCIDENT WAS UNDERLYING 20b. DESC | PIRE HOW INTERV OCCUPRE | D. (Enter noture of injury i | in Part I or Part II of item 18.) | 100 400 |
| 1 | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RIDE FIGHT INTORF DECORAL | s frince lighted at tighty in | 11 (0) 1 (0) 1 (0) 1 (0) | |
| - 1 | | JURY OCCURRED 20e PU | ACE OF INJURY (Home, fo | orm, 20f (City or town) | (County) (State) |
| - | Haur a.m. While of work | NOT WITTE | ctory, smeat, office bldg., e | alc.) | |
| | 4 / 4 | / //3 | 11919 10 | 6/1/19 " | |
| | 21. I certify that I attended the decease | 0// 4/ | CI. | / / / / | nat I last saw the deceased |
| | alive on | , and that death | occurred of | ADDRESS (Street, city or town, st | on the dote stated above. |
| | ACTUAL ON V | 1/811 | / , (-() | ADDRESS (Sheer, City of lown, sin | 2/11/2/2/ |
| | SIGNATURE | -gallery | M.D// | Le Still 4708 | 2× 11/2 0 1/2/17 |
| 4 | PHYSICIAN'S | | | // | 11/ |
| | NAME (Type) | | | Jean Control of the C | |
| | 226. BURIAL, CREMATION, 226. DATE THEREOF June 13-59 | Riverview | | Williamsport | |
| | DOLIST - ATTO -> >> | **TAGLATON | | TILL TOURS POL | |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | MADDRESS T | - //(2/ | | RAR'S SIGNATURE |
| | Muy X Nege V2 | warnogood. | 1 DATE | JUN 1 5 '59 a. | rilwa S. Kraus |



requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | | | 1 |
|---|---|---|---|
| | | | |
| • | • | | |
| | | | |
| | | | |
| | | • | |

07303 7313 CERTIFICATE OF DEATH Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) Filed COUNTY b. COUNTY MARYLAND anna funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fun should amst d. STREET ADDRESS d NAME OF HOSPITAL (If not in hospital, give street address) e, IS RESIDENCE ON A FARM? by YES NOT and ,⊆ 4 DATE NAME OF Middle Year Last Month Day filled DECEASED {Type or print} DEATH ges 19 nna OK TEUNDER 1 YEAR JE UNDER 24 HR 6. COLOR OR RACE B DATE OF BIRTH AGE (In years 7. MARRIED MEVER MARRIED last/bigthdoy) Hours DIVORCED T WIDOWED Z cample 10 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST/(1/11) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home pup pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emave carb IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Nome 5 No No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 79. WAS AUTOPSY PERFORMED? YES NO [] DENERO 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOWANJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Dov Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) foctory, street, office bldg., etc.) Новг o. m While * Wot_while of work of work p m 21. I certificathot I ottended the deceased from 19.5.7, that I last sow the deceased and that death occurred of olive on _M, from the couses and on the date stated above. ray be retained by the FUNERAL DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATEJUN 3 O VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

M

| 7290 MARYLAND | | ATE OF DEATH | | 8 Reg. Dist. N3.02 | 304 |
|---|--------------------------|---|---|-------------------------|---------------------|
| PLACE OF DEATH | MARYLAND | 2. USUAL RESIDENCE (Where | e deceased lived. If institution | | ulssion) |
| Washington | | Maryland | Washin | | |
| b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outs | side corporate limits, write RU | RAL and give nearest to | iwn) |
| Hagerstown | 3 Yrs | 03 Hagers | town | | |
| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 820 Washington Ave | ddress) | d. STREET ADDRESS 820 Wa.sh | ington ‡Ave | ON | ESIDENCE A FARM? |
| | | " | | 1 163 | LI NOT |
| NAME OF DECEASED (Type or print) BESSIE ELIZ | ZABETH WIDI | MYER | of DEATH June 10 | | Yeor 19 |
| SEX 6. COLOR OR RACE 7. MARRIE | ED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | IF UNDER I YEAR IF UN | |
| Female White WIDOWEL | DIVORCED [| May 10 1889 | last birthday) | Months Days Hou | rs Min. |
| . USUAL OCCUPATION (Give kind of work done 10b, X | IND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stole or | foreign country) Md. | 12. CITIZEN OF WH | AT COUNTRY |
| during most of working life, even if retired) | Retired | Downsvill | | USA | |
| FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | | |
| | | | | | |
| Levi Cline | | | Detrow | | |
| s, no, or unknown) [If yes, give war or dates of service) | | NFORMANT | Addre | | |
| No 21 | 5-14-2153 | Miss Mary Di | tlow 820 Wa | shington | Ave |
| 18, CAUSE OF DEATH [Enter only one couse per line | for (a), (b), and (c). | Hagerst | own Md. | INTERVAL | |
| PART I. DEATH WAS CAUSED BY: | othan | 1-Erm | 10820 | ONSET AN | DUEATH |
| 420.1 DUE TO | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - U | 1 | |
| | 1 | | | | / |
| Conditions, if ony, which gove rise to immediate (b) | | | | | / |
| couse (o), stoting the under- lying cause last. | nerd a | elero Sc | lerion | 5 | Ti |
| PART II. OTHER SIGNIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINA | AL DISEASE CONDITION GIVE | N IN PART 1(0) 19. WA | AUTOPSY |
| | 1 pue | | | YES | FORMED? |
| 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RIBE HOW INJURY OCCURRE | D (Enter nature of injury in Par | t I or Port II of item 18.) | | 7 |
| 20c. TIME OF INJURY Month, Day, Yeor 20d. IN. Hour a. m. p. m. 19 gi wark | Not while for | ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.) | 20f. (Cily or Town) | (County) | (State) |
| 21. I certify that I attended the decease alive an 19 | 170.60 | | M, fram the causes an DORESS (Street, city or lown, | | |

22b. DATE THEREOF

6/

22c. NAME OF CEMETERY OR CREMATORY Cemetery Green Lawn

22d. LOCATION (City, town, Hagerstown Wash (Slate)

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATION

MEDICAL

93. FATHER'S NAME

15. WAS DECEASED EVER I

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

Buria

REMOVAL (Specify)

5. SEX

Female 100. USUAL OCCUPATION during most of working

ADDRESS

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

andrew K. Coffman Hagerstown Md. DATE JUN 1 7 '59

Orthung S. Kraus

The second secon the state of the s

| 7 | 2 | 9 | 1 |
|---|---|---|---|
|---|---|---|---|

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 FilmG244 6-22-59 et CERTIFICATE OF DEATH

07305

| | | OEK!II IO | AIL OI BEAT | | Re | g. Dist. No. | |
|--|--|--------------------------------------|---|------------------------|--------------------------------|----------------|--|
| o. COUNTY | Vashington | MARYLAND | 2. USUAL RESIDENCE (W | | If institution: R D. COUNTY | Wash. | re admission) |
| | outside corporate limits, write arest town) | c. LENGTH OF STAY IN 1b | c. city or town (if | | nits, write RURA | L and give nea | arest town) |
| OR INSTITUTION | AL (If not in hospitol, give street Co. Hospital | oddress) | d. STREET ADDRESS | owell Ave | , | | e. IS RESIDENCE ON A FARM? YES NO |
| NAME OF DECEASED (Type or print) | First Bessie | Middle | Worthington | 4. DATE OF DEATH | Month | 15 | y Year |
| female | 6. COLOR OR RACE 7. MAR | RIED NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 6-18-1885 | 9. AG lost | | INDER 1 YEAR | IF UNDER 24 HI Hours Min |
| during most of working housewill | N (Give kind of work done 10bing life, even if retired) | KIND OF BUSINESS OR IND | USTRY 11. BIRTHPLACE (Store Carroll | ., | 1 | USA | WHATCOUNTR |
| . FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | | |
| | ew C. Morgan | | | tha A. Rol | | | |
| | IN U. S. ARMED FORCES? 16 If yes, give wor or dates of service) | none M | informant rs. John Perro | ott Hag | Address cerstown | , Md. | |
| | TH [Enter only one couse per I TH WAS CAUSED 8Y: IMMEDIATE CAUSE (b) | ine for (o), (b), and (c).] | desotie Hear | L Series | with | | ERVAL SETWEEN |
| Conditions, if on gove rise to in cause (o), stoting t | nmediote (DUE TO | 9 | Vent | ricular J | hillst | ri . | 0 |
| 04 | ER SIGNIFICANT CONDITIONS | jenne; L | rafites m | ultitu | رب | N PART 1(0) | 9. WAS AUTOPS PERFORMED? YES NO |
| | CAUSE OF DEATH | CRIBE HOW INJURY OCCURI | RED. (Enter noture of injury in | Port I or Port II of | tem 18.) | | |
| 20c, TIME OF INJURY Hour o.m. | Manth, Day, Year 20d. While of wa | Not while | PLACE OF INJURY (Home, for foctory, street, office bldg., et | | (n) | (County) | (Sto |
| 21. I certify the alive an Actual SIGNATURE | etom. | and that dear | , 19 5 9 , to 19 11 th accurred aff. 235 | M, fram the c | auses and a | in the date | the decease stated above DATE SIGN |
| PHYSICIAN'S NAME (Type) | | WELTY' | Total | ustrus | 1, Zh | angle | Lem |
| 20. BURIAL, CREMATION REMOVAL (Specify) burial | 6-18-59 | 22c. NAME OF CEMETERY Rest Have: | _ | 22d. LOCATION (| stown | | (Stote) Md. |
| 3. FUNERAL DIRECTOR'S | SIGNATURE | ADDRES\$ | | D BY REGISTRAR | 24b. REGISTRA | | |
| Fred W. Kra | aiss Hagersto | own. Md. | DATE J | UN 1 8 '59 | arthu | 1 S. The | uit |

VS A15 (4) 15M 9/58

. protein selection and the selection of t - and the second of the second A CONTRACT AND ARTHUR Demographical Househouse with a file with the later a little all the continues of the same H11 1 31 74 * The second sec . .